

Oxfordshire County Council

ANNUAL REPORT

ON

County Health Services

PART II

Report of the
County Medical Officer

H. C. JENNINGS

M.A., B.Sc. (Oxon), M.B., B.S. (Lond.), D.P.H.

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To the Chairman and Members of the Health Committee.

YOUR GRACE, MY LORD, LADIES AND GENTLEMEN,

I have the honour to present my Seventeenth Annual Report on the Health of the County. This report is the thirty-eighth of the series and is drawn up on the lines suggested by Circular 3/49 of the Ministry of Health. This is the last report to be presented in the present form as the changes caused by the National Health Service Act, 1946, which came into operation on July 5th, 1948, have reflected themselves in the organization of the work of the department. It has been considered convenient, however, to present the report in its present form, make the necessary comments on the new services, and to append the schemes for carrying out the Committee's responsibilities under Part III of the National Health Service Act.

The change over which took place on July 5th has proceeded very smoothly and this is in no small part due to the encouragement afforded me by the Committee, the excellent work done by the professional and clerical staffs of the department and the whole-hearted co-operation of the voluntary organizations who act as the Committee's agents in several of the services.

The infant mortality rate for the whole County is lower than in the previous year, being 21 per 1000 and the lowest ever recorded in the County. The rate for England and Wales for the same period is 34. This figure for 1948 is a cause for gratification, particularly so as the rate of mortality for the illegitimate children is only 12 during the same period, whereas thirty years ago the rate for these children was always double that of the legitimate child, e.g. in 1919 it was 131.

The death rate from pulmonary tuberculosis is slightly lower than the previous year being 31 per 100,000. The rate for England and Wales for the same period is 44.

Section 28 of the Act (Prevention of illness, care and after-care) offers a wide field for the development of the work of Health Departments and the coming years will, I hope, see a great extension of this work.

I am,

Your Grace, My Lord, Ladies and Gentlemen,

Your obedient Servant,

H. C. JENNINGS.

1 Becket Street,
Oxford.

July, 1949.

MEMBERS OF THE HEALTH COMMITTEE

*†‡Miss G. M. ASHHURST, *Chairman*.

*†‡Dr. F. N. WHITE, C.I.E., *Vice-Chairman*.

†LORD MACCLESFIELD, D.L.

MR. F. E. WITHINGTON, C.B.E., D.L.

*†‡MR. O. J. BARLEY.

MRS. MELVILLE BALFOUR.

MRS. C. C. CHILTON.

MR. J. A. DEACON.

†‡THE HON. MRS. G. FEILDEN.

MRS. M. H. HICHENS.

MR. C. H. HUGHES.

*MRS. M. A. JOHNSON.

MR. C. LUKER.

*MR. J. H. MORRELL, D.L.

‡MRS. J. H. MORRELL.

DUCHESS OF MARLBOROUGH

THE HON. H. PARKER.

†MR. J. W. SHILSON.

MR. R. C. SURMAN.

*DR. J. C. WHARTON.

†‡MR. F. WISE.

†MR. J. A. WOODRUFF.

*MR. G. TURTON GREEN.

(Co-opted.)

* Mental Health Services Sub-Committee.

† Rural Water Supplies and Sewerage Sub-Committee.

‡ Nurses Accommodation Sub-Committee.

STAFF

County Medical Officer

DR. H. C. JENNINGS, M.A., B.SC., M.B., B.S., D.P.H.

Deputy County Medical Officer

DR. N. J. ENGLAND, M.D., D.P.H. (Resigned July 5th, 1948).

DR. V. O. B. GARTSIDE, M.A., M.R.C.S., L.R.C.P., D.P.H., D.I.H. (Appointed May 4th, 1948).

Assistant County Medical Officer (part time)

DR. A. J. CAMPBELL, M.D., B.SC., D.P.H., Barrister at Law.

County Superintendent Nursing Officer

Superintendent of Health Visitors

MISS M. OWEN, S.R.N., S.C.M., H.V.CERT.

Senior Health Visitor

MISS C. E. HENRY, S.R.N., S.C.M., M.T.S., H.V.CERT.

Health Visitor Tutor

MISS E. C. MIDDLETON, S.R.N., S.C.M., H.V.CERT.

Health Visitors (also School Nurses), 26.

Mental Welfare Officers (whole time)

Duly Authorized Officers

MR. H. S. HEADY.

MISS D. ALCOCK.

Duly Authorized Officers (part time)

MR. W. J. R. BURROWS.

MR. A. J. POWELL.

MR. R. C. A. CHARLETT.

MR. N. F. SPATCHER.

MR. REYNOLDS } Littlemore Hospital Staff.
Mr. CLARKE }

Chief Clerk

MR. D. L. HOWELLS.

MISS N. S. DOWN, S.R.N., S.C.M., Q.N., is on the staff of the Health Department but is seconded to the Oxfordshire Nursing Federation as Superintendent of District Nurse Midwives.

STATISTICS

(a) GENERAL STATISTICS.

Area (acres), 470,808.

Population (Census 1931), 129,082.

Population (Estimated mid-1948), 160,250.

Rateable value for whole County, £876,334.

Estimated product of penny rate for whole County (1947-1948),
£3440.

(b) EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

<i>Births</i>	<i>Live Births</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>
	Legitimate	2864	1487	1377
	Illegitimate	165	101	64
		—	—	—
		3029	1588	1441
		—	—	—

Rate per 1000 of the estimated resident population 18.9.

Stillbirths

	<i>Total</i>	<i>M.</i>	<i>F.</i>
Legitimate	64	34	30
Illegitimate	5	4	1
	—	—	—
	69	38	31
	—	—	—

Rate per 1000 total (live and still) births 22.2.

<i>Deaths.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>
	1632	798	834

Rate per 1000 of the population 10.18.

Maternal Mortality (whole County).

	<i>Deaths</i>	<i>Rate per 1000 total (live and still) births</i>
Puerperal sepsis	1	.32
Other puerperal causes	3	.96
	—	—
	4	1.28

Infant Mortality.

	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>Rate per 1000 live births</i>
Legitimate	31	33	64	22
Illegitimate	2	—	2	12
	—	—	—	—
	33	33	66	21
	—	—	—	—

Deaths from diarrhoea (under 2 years) 3.

The chief causes of death were pneumonia 8, premature birth 13, and congenital malformation and birth injuries, etc., 29.

The rate for 1948 is one less than for 1947, and is the lowest ever recorded in the County. It is still considerably lower than the average for England and Wales, although great improvement has taken place recently in the latter and the difference between the rates for Oxfordshire and England and Wales is consequently not so large as it used to be. The satisfactory position has been achieved through the facilities which have been granted by the Committee for Child Welfare Work and the work that has been done in the field by the Health Visitors and District Nurse-Midwives over a period of years.

The following table gives the rate per 1000 births for the County and for England and Wales for the past 10 years:

<i>Year</i>	<i>Oxfordshire</i>	<i>England & Wales</i>
1948	21	34
1947	22	41
1946	27	43
1945	37	64
1944	37	46
1943	34	49
1942	33	49
1941	38	59
1940	51	45
1939	36	50
1938	34	53

Maternal Mortality

The maternal mortality rate is slightly more than that in 1947, but the rate is so low that one extra death during the year in a County of the size of Oxfordshire will make an appreciable difference to the statistics. In point of fact, of the three deaths occurring during the year, one was an inward transfer from another county and in the case of the other two, the first occurred in a woman who did not suspect she was pregnant and consequently had no ante-natal care, whilst the second occurred in a person who despite the efforts of the staff consistently refused to have ante-natal care.

The following is a (10 year) table which shows how the excellent maternal mortality rate has now been consistent over a period of 10 years.

Maternal Mortality per 1000 live and stillbirths

<i>Year</i>	<i>Oxfordshire</i>	<i>England & Wales</i>
1948	1.28	1.02
1947	1.1	1.17
1946	.96	1.43
1945	1.06	1.79
1944	.95	1.93
1943	1.86	2.29

1942	.7	2.01
1941	.38	2.23
1940	.45	2.16
1939	.96	2.83
1938	1.37	3.08

Birth Rate

The rate, 18.9, is a decrease as compared with the previous year, 21.9. The corresponding figure for England and Wales is 17.9 per 1000 total population.

The number of live births and stillbirths given are those registered during the calendar year but adjusted for inward and outward transfers.

The illegitimate births numbered 5.4 per cent of the total births for the year 1948, as compared with 6.4 per cent for 1947, a decrease of 1 per cent.

Death Rate

The rate 10.18 shows a slight decrease as compared with the previous year 11.4. The corresponding figure for England and Wales is 10.8.

TABLE SHOWING THE CHIEF KILLING DISEASES IN OXFORDSHIRE DURING 1947

<i>Disease</i>	<i>Total number of deaths</i>			
Heart disease	...	...	...	499
Cerebral haemorrhage, thrombosis, etc.				235
Cancer	...	...	...	293
Bronchitis	...	...	...	60
Pneumonia (all forms)	...	...	...	50
Tuberculosis (all forms)	...	...	...	56
Road Accidents	...	...	...	16

CANCER

The number of deaths from cancer recorded during the year was 293, and this again shows an increase both in the total number of deaths from this cause and in the rate expressed as a percentage of deaths from all causes. In 1946, the percentage was 13.4; in 1947, 14.1 and in 1948, 17.9.

DEATHS FROM CANCER

	0	1	5	15	45	65
Males	1	—	—	5	49	90
Females	—	—	—	9	57	82

Table showing vital statistics for 1948 of each Urban District in the County

	Population estimated to middle of 1948	Nett Births		Nett Deaths belonging to the District			
		Number	Rate	Under 1 Year of Age		At all Ages	
				Number	Rate per 1000 Nett Births .	Number	Rates
Banbury 	18800	385	20·4	14	36	203	10·7
Bicester 	3800	88	23·1	1	11	43	11·3
Chipping Norton ...	3748	58	15·4	1	17	45	12·0
Henley 	8430	134	15·9	5	37	108	12·8
Thame 	3510	46	13·1	0	—	36	10·2
Witney 	6520	138	21·6	3	21	75	11·5
Woodstock 	1712	49	28·6	2	28	28	16·3

Table showing vital statistics for 1948 of each Rural District in the County

		Population estimated to middle of 1948	Nett Births		Nett Deaths belonging to the District			
			Number	Rate	Under 1 Year of Age		At all Ages	
					Number	Rate per 1000 Nett Births		
								Number
Banbury	...	14460	258	17·1	8	31	161	11·1
☛ Bullingdon	...	28630	607	21·2	7	11	254	8·8
Chipping Norton	...	15140	259	17·1	4	15	154	10·1
Henley	...	20090	319	15·8	6	18	184	9·1
Ploughley	...	16140	323	20·0	3	9	127	7·8
Witney	...	19270	365	18·9	11	30	214	11·1

Vital Statistics of whole County during 1948 and previous years

YEAR 1	Population estimated to middle of each year 2	BIRTHS		NETT DEATHS BELONGING TO THE COUNTY		
		Number 3	Rate per 1000 of population 4	Under 1 year of Age		At all Ages
				Number 5	Rate per 1000 Nett Births 6	
1938	135,200	2,167	16·0	75	34·6	1,635
1939	B.R. 142,530 D.R. 137,660	2,116	15·2	78	36·4	1,727
1940	157,880	2,175	13·8	117	51·3	1,987
1941	178,800	2,370	13·2	110	* 41	1,931
1942	164,110	2,760	16·8	94	33	1,706
1943	157,330	2,877	18·2	97	34	1,726
1944	153,130	3,064	20·0	115	37	1,779
1945	146,590	2,768	18·8	104	37	1,684
1946	146,390	3,060	20·9	85	27	1,753
1947	149,010	3,268	21·9	85	22	1,709
1948	160,250	3,029	18·9	66	21	1,632

* Based upon a total of 2629 births.

† A corrected rate having been adjusted for age and sex distribution.

INFECTIOUS DISEASES

The following infectious diseases were notified during the year:

Smallpox	...	...	...	...	Nil
Typhoid	...	...	...	...	1
Paratyphoid Fever		...	...	...	1
Scarlet Fever	...	...	...	...	140
Whooping Cough	...	...	...	...	408
Diphtheria	...	...	...	...	4
Erysipelas	...	...	...	...	19
Measles	...	...	...	...	2344
Pneumonia	...	...	...	...	20
Puerperal Pyrexia		...	...	...	11
Dysentery	...	...	...	...	31
Cerebro Spinal Fever		...	...	...	2
Poliomyelitis	...	...	...	...	6
Polioencephalitis		...	...	...	Nil

No deaths were due to measles, scarlet fever or diphtheria. There were four deaths due to whooping cough.

Ophthalmia Neonatorum

No. cases notified	...	...	...	3
„ „ treated at home		...	...	nil
„ „ treated in hospital		...	...	3
„ „ where vision impaired			...	nil
„ „ deaths	...	...	...	nil

Puerperal Pyrexia

No. cases notified	...	...	...	15
„ „ visited by Council Officer		...	...	3
„ „ removed to hospital	...	...	...	3

There was a marked increase in the instance of measles during the year, and many areas experienced the disease in epidemic proportions. There were only six cases of poliomyelitis notified during the year and this reduction in comparison to the previous year when 31 cases were notified, may have been related to the different weather as it has always been evident that poliomyelitis tends to increase during a hot, dry summer.

Cases of infectious disease were visited by the District Medical Officers of Health and advice was given on precautions to be taken. Under the National Health Service Act, the Local Health Authority has duties under Section 28 with regard to 'the prevention of illness, care and after-care' and the Health Visitors commenced to pay visits in cases where infectious disease had occurred in the household.

Apart from infectious disease, one case of illness was investigated in a temporary dwelling and it was found that lead poisoning had occurred in two children due to the burning of batteries on a defective stove.

Both children made a complete recovery, but the occurrence drew attention to the dangerous and unsatisfactory conditions in which many people are living at present, particularly in temporary dwellings, most of which fall far short of the standards laid down in the Housing Act (see page 36).

MATERNITY AND CHILD WELFARE

Maternity and Nursing Homes

The County Council is the Local Supervisory Authority under Sec. 187, Public Health Act, 1936. There were 11 homes on the register at the end of the year of which 6 were Maternity Homes.

Year 1948.

Number of applications for registration	nil
Number of Homes registered	nil
Number of Orders made refusing or cancelling registration	nil
Number of appeals against such orders	nil
Number of applications for exemption from registration	nil
Number of cases in which exemption has been granted	nil

No application has been made to the County Council by a County District Council for the delegation of powers.

Day Nurseries

The nursery at Henley continued to remain open during the year. There are 40 places in the nursery and the average attendance was 26, with an average of 34 names on the books.

On July 5th, the Day Nursery at Banbury came under the administration of the County Council, and both the two Day Nurseries have continued to fulfil a definite need. They are primarily intended for mothers who are forced by economic circumstances to go out to work, and the children are cared for during the day time. They have been used on certain occasions for temporary accommodation, for instance, where a mother has had to go into hospital and the father has been unable to look after the children during the day time. It is possible that the future development of nursery schools and nursery classes may reduce the need for day nursery accommodation, but this has not occurred as yet.

Child Welfare Centres

The Maternity and Child Welfare Centre, with its various clinics, situated in the Borough of Banbury, passed over to the County Council on July 5th, and together with the new centres that have been opened during the year there are now 58 centres operating in the County.

The number of infants attending for the first time during the period July 5th—December 31st was:—

Under 1 year	1120
1—5 years	161

The total attendances during the year were as follows:—

Under 1 year	25,397
1—5 years	16,787

Infant Welfare Centres

Wroxton	Horspath
Adderbury	Checkendon
Swalcliffe	Yarnton
Hook Norton	Bicester
Chipping Norton	Kidlington
Kingham	Islip
Deddington	Sandhills
Fritwell	Wheatley
Charlbury	Rose Hill
Enstone	Littlemore
Finstock	Dorchester
Great Tew	Clifton Hampden
Chadlington	Garsington
Burford	Thame
Milton-u.-Wychwood	Great Milton
Leafield	Tetsworth
Bampton	Stadhampton
Filkins	Watlington
Carterton	Chinnor
Witney	Benson
Northleigh	Nettlebed
Eynsham	Peppard
Handborough	Goring
Woodstock	Micklands
Kirtlington	Mapledurham
Standlake	Henley
Stanton Harcourt	Minster Lovell
Benson R.A.F.	Upper Heyford R.A.F.
Chalgrove	Banbury

Midwives and Home Nursing Service

Since 1937 the Oxfordshire Nursing Federation has acted as the agent of the Council in providing a domiciliary service and from July 5th, 1949, the Federation has continued so to act and in addition has undertaken the provision of a home nursing service in an agency capacity. The work done by the district nurse-midwives as midwives or maternity nurses from January 1st, 1948 to December 31st, 1948 is recorded on page 16. The following table gives the work done as a combined midwifery and nursing service as from the appointed day until the end of the year.

Midwifery and Nursing Services

Summary of work done by the District Nurse Midwives for the period July 5th, 1948—December 31st, 1948.

Midwifery

Midwives' Cases

Number of confinements	...	...	...	...	...	518
Number of ante-natal visits	...	...	...	...	...	6699
Number of visits during the puerperium	...	...	...	...	...	8984
Number of other visits, post natal (combined maternity and midwifery cases)	...	...	...	...	...	693

Doctors' Cases (acting as maternity nurse)

Number of confinements	...	...	...	...	...	101
Number of ante-natal visits	...	...	...	...	...	544
Number of visits during the puerperium	...	...	...	...	...	1783
Number of other visits, post-natal (combined maternity and midwifery cases)	...	...	...	...	...	693

Nursing

Number of cases	...	...	...	...	...	1710
Number of visits	...	...	...	...	...	30307

Staff

No. of District Nurse Midwives—46 plus 1 Queen's Nurse at Henley for General Nursing, and a part time at Great Milton also for General Nursing.

No. of Relief Nurses—5.

Vacancies requiring to be filled for full establishment (i.e. to the published Oxfordshire County Council Scheme)

1. No. for permanent districts	...	...	...	...	9
2. No. for emergency staff	...	...	...	...	9

During 1948 there were 40 District Nurse Midwives trained in the use of gas and air analgesia and 31 actually had the apparatus. 338 women had gas and air analgesia at their confinements and 9 District Nurse Midwives were trained in the use of the apparatus during the year.

Full particulars of the scheme as approved by the Ministry of Health together with the agreed arrangements for providing the service are given in the appendix to this report (page 53 *et seq.*).

REPORT OF SENIOR DENTAL OFFICER ON THE INSPECTION AND TREATMENT OF EXPECTANT AND NURSING MOTHERS ALSO CHILDREN UNDER 5 YEARS, FROM JULY 5th to DECEMBER 31st, 1948.

When the National Health Scheme came into operation, there was only one Clinic in the County which was in a position to deal with Expectant and Nursing Mothers. In addition, there were three more Clinics being established and it was hoped that subject to the delivery of equipment one or two of them would be ready before the end of the year. This hope, however, did not mature.

In order to cope with the Expectant and Nursing Mothers who lived near Oxford and were unable to attend the Clinics being established in the County, arrangements were made for them to attend one of the Clinics belonging to the Oxford City Education Committee. As the dental staff there is 50 per cent of full strength, only three have so far been recommended to attend.

Particulars of inspections and treatment of Expectant and Nursing Mothers, also children under 5 years:—

(1) *Expectant Mothers.*

(a) Examined	...	...	...	...	...	20
(b) Required treatment	...	...	...	...	...	20
(c) Treated	...	...	...	...	...	20
(d) Waiting six months for dentures	...	...	...	...	...	20

(2) *Nursing Mothers* nil

(3) *Treatment.*

(a) Fillings	...	...	...	...	...	1
(b) Extractions	...	...	...	...	...	167

(4) *Children under 5 years.*

(a) Examined	...	...	...	...	...	298
(b) Required treatment	...	...	...	...	...	101
(c) Treated	...	...	...	...	...	72

(5) *Treatment.*

(a) Silver Nitrate	...	...	...	...	...	32
(b) Fillings	...	...	...	...	...	22
(c) Extractions	...	...	...	...	...	51

Maternity Accommodation

397 County mothers were admitted to the Radcliffe Maternity Home and 284 to the Churchill Hospital.

A considerable number of cases were also accommodated in the maternity units of Public Assistance Institutions at Banbury and Henley.

16 beds were also available at private nursing homes in the County.

Cases Attended by Midwives

	<i>In Institutions</i>	<i>Domiciliary</i>
As Midwives	468	1006
As Maternity Nurses	431	168

Health Visitors

On July 5th, 1948, there were 24 Health Visitors, including one Senior and one Relief. The Health Visitors act as whole-time officers of the County Council and also as school nurses. On July 5th, the establishment was increased by virtue of the fact that three Health Visitors employed by the Borough of Banbury passed to the staff of the County Council, and the establishment was also increased so that there was a total of 31 Health Visitors.

The Health Visitors in connection with their Maternity and Child Welfare work made the following visits during the year:—

<i>To expectant Mothers</i>	First visits—647	Total visits	1623
<i>To children under one year of age</i>	First visits—2903	Total visits	24,568
<i>To children between the ages of one and five years</i>		Total visits	27,713

The Training School for Health Visitors

The Training School for Health Visitors, which was established in 1946, continues to do very good work, and this year 15 students have been trained. The academic year does not correspond with the year covered by the Annual Report, and, therefore, during the period under review, the second course organized in the school has been completed and the third course commenced in October 1948. As a result of the examinations held during the year, 15 students sat for the Health Visitors' Certificate of whom 13 passed at the first attempt, and the remaining two at the second attempt. These results are considered very satisfactory and are second to none taking the country as a whole.

In addition to the lectures which are given in the Training School, the students are able to attend a number of outside lectures and demonstrations arranged through the Institute of Social Medicine, this being possible through the courtesy of Professor J. R. Ryle, and the fact that the students do practical work both in the County and City, by courtesy of Dr. J. F. Warin, Medical Officer of Health for the City of Oxford, the training course covers a much wider field than do comparable courses elsewhere.

Observation visits were made to the Peckham Health Centre, Glaxo Laboratories, Rayners Residential School for the Deaf, The Berks and Bucks Joint Sanatorium, Peppard, and a number of other hospitals, institutions and centres, and in this respect the school is indebted for the co-operation of a number of people too numerous to mention.

During the course of the year, the lecture and common rooms at Barnett House could not be made available owing to increased activities there, and suitable lecture rooms were obtained at the St. John Ambulance Headquarters at Gloucester Green, Oxford. These latter premises have proved very suitable for the purpose.

Health Education

It is being increasingly recognized that Health Education has played and is playing a major part in the improvement in maternal and child health, and the Health Visitors are playing an important part in the organization of this teaching through the medium of Infant Welfare Centres. In 1945, a travelling exhibition showing various aspects of Maternity and Child Welfare was formed, and the demonstration material is used in various centres for teaching purposes. In the summer months, the Health Visitor Tutor tours the County with the exhibition giving lectures at different Infant Welfare Centres, and the exhibition is made up in sections so that it may be carried in a car and different sections may be taken to illustrate the various aspects of the work.

Midwives Acts

The number of midwives who notified their intention to practice in the County (excluding institutions) was 72 and Miss Owen and Miss Down made regular visits of inspection.

Public Health Act, 1936—Infant Life Protection

The number of children on the register at the end of the half year was 46. 607 visits to children were paid by the Health Visitors up to 5th July.

Adoption of Children Act, 1926

The Superintendent Health Visitor acted in 31 cases where the Local Authority was made guardian *ad litem*. Adoption orders were made in 30 cases, one was refused.

Both of these sections of the work were taken over during the course of the year by the newly formed Children's Care Committee of the County Council, and consequently the statistics do not bear comparison with previous years.

Diphtheria Immunization

Every effort was made during the year by health visitor, by poster, leaflet or advertisement to stress the need for immunization.

During the year the numbers of children under five years immunized at Welfare Centres was 1940, and at home under the domiciliary scheme 369, making a total of 2309.

Vaccination

It has been noticed for a number of years that the number of children vaccinated throughout the country has continued to fall despite the operation of the Vaccination Acts. The Government decided, therefore, to repeal the Vaccination Acts and to express the desire that parents should submit their children to vaccination by making it available through the medium of Infant Welfare Centres as in the case of Diphtheria Immunization. In cases in which the child cannot attend the Centres, arrangements may be made for it to be carried out in the

home. The new system began to operate in July 1948, and it is as yet too early to express an opinion as to its comparative value.

5th July, 1948—31st December, 1948

Primary vaccinations	388 (328 under 1 year)
Re-vaccinations	100

Premature Births

Particular care is taken of premature babies (defined for their purpose as weighing 5½ lbs. or under at birth), and arrangements are made for obtaining such information from doctors and midwives.

Apart from arrangements made, when desirable, for the child's admission to hospital a special set of equipment is available at any time for the use of the district nurse.

The following are some of the items provided:

- Cot, screens and blankets.
- Feeding bottles.
- Œsophageal feeding apparatus.
- Pipettes for feeding.
- Food thermometer.
- Rectal thermometer.
- etc. etc.

The total number of premature babies notified during 1948 was 51 of whom 32 were born at home and 19 in hospital. Of those born at home, 30 were living at the end of one month. None died within 24 hours.

Of those born in hospital 14 survived at the end of one month, five having died during the first 24 hours. The services of a Consultant Paediatrician are also available for doctors and midwives.

It is considered that the above results are extremely satisfactory and prove the necessity for continued attention to officially organized domiciliary services in rural areas.

Emergency Obstetric Unit

This unit is based upon the Radcliffe Infirmary and is available to deal with obstetric emergencies in the home, both in Oxfordshire and in adjoining parts of other counties. Its record has been highly successful since it was formed in 1938, and on a number of occasions the maternal life has been saved by giving a blood transfusion or performing an operation in the patient's home where the condition of the mother would not have permitted successful removal to hospital.

Care of Illegitimate Children

Whenever possible health visitors pay particular attention to these children. Co-operation is maintained with Moral Welfare Associations and an Officer of the local Association is given facilities for meeting mothers at the offices of the Health Department.

Assistance is also given to the mother when possible to find accommodation both before and after her confinement.

As will be seen on this page there is a decrease in the number of illegitimate births.

North and Mid-Oxon Association for Moral Welfare

Deaneries:—

Aston, Bicester, Chipping Norton, Cuddesdon,
Deddington, Islip, Witney, Woodstock.

Annual Report for Year Ending December 31st, 1948

During the past year 85 new cases were referred to us, and a number of old cases dealt with. Again, there has been a slight decrease in the number of new cases, but this does not mean that there is any less need for our Work: one hears of a number of cases that have not actually been referred to us where it might have been possible for us to help.

The majority of the new cases were maternity cases, 55 of which were unmarried expectant mothers, and 8 were married women expecting a baby, their husband not being the father.

The others were after-care cases, young mothers needing advice in obtaining affiliation orders, finding foster homes for their baby or advice and help in arranging for their baby to be adopted.

It is distressing to note that eight of the expectant unmarried mothers already had one child; they appear to treat the matter so lightly and show little or no sign of repentance.

There is still a great demand for vacancies in our Diocesan, and other Moral Welfare Homes, and, although there has been a slight decrease in the number of cases sent to us, there is still a difficulty in securing vacancies for those who would like to take advantage of the help given in our Homes. Four young mothers went to our Diocesan Maternity Home, while 10 were admitted to other Homes, two to a Roman Catholic Home and two to a Shelter where they were assisted with arrangements for their confinement, and were able to return to the Shelter, with their baby. Eleven were admitted to local Maternity Hospitals, and plans were afterwards made for them and their baby, ten went into either the Banbury or Henley Hospital, and the remainder made their own plans. Where it could be arranged all were visited in the Homes or Hospitals, and where convenient in their own home, after confinement.

With regard to the married women expecting an illegitimate baby, a vacancy for one was secured in a Diocesan Shelter and she was helped in making arrangements for her confinement and for the adoption of her baby. It is not often possible for married women to be admitted to our Moral Welfare Homes as they are mainly for the unmarried mother.

Two of the married women went in local Hospitals, and the others were able to remain at home, and keep the baby.

Six babies have been happily adopted, and four have been admitted to a Children's Home. Most of the unmarried mothers were able to return home, with their baby.

The Women's Services still ask for our assistance, and during the year six Service Women were referred to us, four of whom were referred to the Moral Welfare Worker for the home area, temporary domestic work was found for the other two, and they went to a Moral Welfare Home. The preventive cases were all young girls giving trouble at home through staying out late at night.

Careful planning of visits is still necessary, owing to the shortage of petrol; this means that we cannot do as much after-care work as one would wish; opportunities for giving real friendship are limited although there are many with whom we would like to keep in closer touch, were it possible. We are anxious to give the right kind of advice and friendship to all who seek our help, so many of the young mothers need more than just being helped over their immediate problem.

Our very grateful thanks are again extended to all who support the work with their prayers, and to the many who help in other ways with subscriptions and gifts of clothing. We are very grateful for the continued co-operation of the Clergy, Hospital Almoners, County Public Health Department and other authorities.

Inquiries on cases have been made for other Welfare Workers; these are not included in the report.

I have paid 679 visits and interviewed 148 callers, while approximately 1100 letters have been written and well over 1000 received.

M. J. CHAUNDY.

Laboratory Services

The County Council and the Local Sanitary Authorities have agreements with the Emergency Public Health Laboratory whereby for an annual grant the facilities of the laboratories are placed at the disposal of all the doctors in the area.

These facilities include the bacteriological examination of water. The Wassermann tests in connection with the Council's V.D. Scheme are still undertaken by the Radcliffe Infirmary. The service has been of great value to general practitioners in the area.

Ambulance Service

Prior to the appointed day the Circuit did not operate an ambulance service and the needs of the county were served by ambulances some of which were maintained by the St. John Ambulance Brigade, others by local authorities and in the case of Henley and Chipping Norton, by hospitals. Local authorities also operated a service for the transport of persons suffering from infectious diseases, at Banbury and Henley. On 5th July these latter were operated directly by the County Council and the rest of the ambulance services operated by the St. John Ambulance Brigade acting as agents of the County Council. The ambulance stationed at Henley Isolation Hospital was transferred to reserve when the Hospital was closed by the Regional Hospital Board in November 1948.

Ambulances are stationed as follows:

Banbury (3)	Bicester
Henley (2)	Charlbury
Thame	Watlington
Witney (2)	The Wychwoods
Woodstock	Kidlington
Middle Barton	.

Banbury Isolation Hospital (for infectious diseases)

The service is controlled by an officer stationed at the City Ambulance depot at the Churchill Hospital, Oxford, who is also controller of the Oxford City Ambulance Service. By this means co-ordination of both the County and City services is maintained and mutual assistance readily assured.

Arrangements also exist with neighbouring Counties and County Boroughs for mutual assistance and by special arrangements for the provision of regular services, e.g. in fringe areas.

The following table shows the work done by the ambulance service from July 5th, 1948 to December 31st, 1948.

	1	2	3	4
	<i>Number of calls</i>	<i>Number of patients carried</i>	<i>Number of Emergency calls (included in (3))</i>	<i>Total mileage</i>
	2197	2638	1472	54751
Infectious diseases	131	132	nil	2073

Sitting case Car Service

On the appointed day the existing Hospital Car Service continued to function as agents of the County Council.

This service, upon which great demands are being made, is run on a voluntary basis and I cannot speak too highly of the work done by the central and local organizers of the service and all the owners of cars who take part in the service.

The following table shows the work done from July 5th, 1948, to December 31st, 1949.

<i>Number of calls</i>	<i>Number of patients carried</i>	<i>Total mileage</i>
3732	4418	130,578

Home Helps

Prior to the appointed day arrangements were made for the provision of home helps for maternity and other cases. No whole-time women were employed but it was found possible to satisfy demands for this service by making use of local women paid on an hourly basis.

These arrangements are being continued and during the year home helps were provided in 88 cases of which 58 were maternity cases.

Prevention of Illness, Care and After-care

The provision of care and after-care for tuberculous persons is undertaken by the Oxfordshire Care Committee as agents of the Council. This committee has carried out care and after-care work for many years in a most efficient manner and the Council is fortunate in having the opportunity of officially appointing them as their agents for this purpose. See also page 000.

The work of the Care Committee can be summarized as follows:—

1. Assistance towards the payment of rent or any special family expenses.
2. Assistance in rehabilitation.
3. Provision of clothing—Cases which cannot be assisted by the National Assistance Board.
4. Payment of fares of relatives to hospitals which cannot be met by the National Assistance Board.
5. Provision of bedding.
6. Boarding out of children.
7. Provision of extra nourishment.

So far as other patients are concerned agreement has been reached with the Regional Hospital Board for information to be given to the department in respect of persons discharged from hospital who need and are willing to receive after-care.

The following table shows the work done by the Health Visitors during the year:

Visits to tuberculous persons	2551
Visits to infectious disease cases	572
Visits to other persons	98

Facilities are available for the supply of comforts and nursing requisites for the nursing of patients in their homes or who have been discharged from hospital in order to continue treatment at home. Some articles are provided free of charge whilst for the use of others a small charge is made for hire.

These facilities are available through the eight B.R.C.S. Medical Loan Depots and the eleven S.J.A.B. Medical Comforts Depots.

In the event of anything being required which cannot be provided from the above-mentioned sources, provision is made directly through the Health Department. From July 5th, 1948 to December 31st, 1949 four patients received convalescent home treatment.

VENEREAL DISEASES

The Counties of Oxfordshire and Berkshire and the City of Oxford continue the agreement with the Governors of the Radcliffe Infirmary whereby free treatment is given to all applicants at the Infirmary. The total cost to the Infirmary is divided in respect of out-patients' treatment in proportion to the attendances made by patients from the areas of the three authorities, and as regards in-patients' treatment in

accordance with the number of days on which beds are occupied by such patients.

An agreement is in force with the Royal Berkshire Hospital for the treatment of Oxfordshire patients.

Each authority pays the cost of the pathological examinations of its own patients.

The following tables give the number of new cases of the disease during the last eight years, belonging to Oxfordshire:

RADCLIFFE INFIRMARY, OXFORD					<i>Non-</i>		<i>Total</i>
	<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Venereal</i>		<i>Attendances</i>
	M.	F.	M.	F.	M.	F.	
1940	13	10	31	7	5	21	1321
1941	10	13	34	9	16	26	1829
1942	13	9	17	10	8	20	1083
1943	14	17	24	15	49	43	1167
1944	13	14	25	29	54	64	1423
1945	7	12	11	17	33	75	1267
1946	23	15	36	19	81	36	1637
1947	13	20	17	9	65	38	1267
1948	14	11	7	4	37	28	779

(Jan.-July)

ROYAL BERKSHIRE HOSPITAL, READING					<i>Non-</i>		<i>Total</i>
	<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Venereal</i>		<i>Attendances</i>
	M.	F.	M.	F.	M.	F.	
1940	24	13	35	7	11	21	397
1941	10	10	34	9	16	26	184
1942	13	9	17	10	8	20	217
1943	1	2	4	4	6	13	186
1944	1	1	5	4	7	12	237
1945	2	5	1	5	8	15	184
1946	3	2	13	2	23	12	270
1947	2	3	6	nil	19	10	233
1948	9	1	5	nil	20	6	261

(Jan.-July)

The high proportion of cases proving to be non-venereal is no doubt the result of local and national propaganda and is an indication that people are more aware of the dangers of these diseases. A few are children called as contacts.

The scheme for treatment at the home or surgery, by specially approved general practitioners, was discontinued during the year under the National Health Service Act, July 5th.

On July 5th, 1948, the responsibility for the organization of this service passed to the Oxford Regional Hospitals Board. A number of inquiries have been made informally through the medium of the Health Visitors—particularly with regard to the tracing of contacts.

ALMONER'S REPORT FOR THE V.D. DEPARTMENT, RADCLIFFE INFIRMARY, 1948

Review of Figures for 1948

All medical officers concerned have already received a return of the figures for 1948, but may perhaps be interested to have some comments on how this compares with previous years. The figures for new patients in the male clinic are higher for 1948 compared with 1947. The new patients found to be suffering from Syphilis are up by about 10 per cent and are the highest for the last five years; the number of patients with Gonorrhoea are also up, by 21 per cent, and are the second highest for five years. In the women's clinic the figures have gone down; there was a big drop in new cases of Syphilis—44 compared with 62 last year. This is encouraging as the figures had been mounting steadily year by year since 1944, and this is the first drop. There is a slightly smaller decline in the figures of new cases of Gonorrhoea in the women's clinic, but the total is the lowest for five years, the figures having dropped steadily each year.

There is still a big discrepancy between the figures for Gonorrhoea for men and women (78 and 19 respectively). This has been the case for the last three years and was referred to in my report last year. I consider the main reasons for this are as follows:—

- (1) A high proportion of male patients default after one or two attendances and as a result they are often not questioned about their contacts and urged to get them to attend.
- (2) Of the men seen a large number state that they do not know who the girl is as she was a casual pick up, often after they had had too much to drink, and their recollection of the episode is hazy.
- (3) Owing to the fact that the symptoms are often very slight in a woman, a woman suffering from Gonorrhoea often does not attend of her own accord for treatment, and remains untreated and a danger to future contacts.

A development in 1948 has been the growing number of foreigners attending the men's clinic. The numbers have increased each quarter and form 14 per cent of the total number of new patients. These men are mainly Poles and Yugoslavs, living in camps. The reason why we are getting so many of these men at the clinic is, I think, obvious. They are strangers in a strange land, living in hostels and camps, often in an isolated place, with very few home comforts, and no home life or normal female companionship. Naturally they gravitate to the local public house and pick up any girl who is willing to go out with them. The problem will, presumably, resolve itself in time as these men become absorbed in the normal life of the community, and marry. Last year we had a similar problem with the men living at two big camps for labourers working at Harwell, but these camps have dwindled in size, or been closed down, so that they no longer present the problem they did.

Follow-up of Defaulters

During the year the Almoner has continued the never-ending task of writing to those who fail to attend. When letters fail to persuade, then a visit is paid. 91 visits were paid during the year (70 in Oxford City, 16 in Oxfordshire, 5 in Berkshire). Of these, 70 were to women, 3 to husbands and wives jointly, and 18 to men. In addition 21 visits were paid to suspected contacts (2 men, 19 women).

Contact Tracing

During 1948 the Almoner has made increased efforts to get every possible contact to attend the clinic. In the case of the women patients a very high proportion of their contacts attend here or elsewhere, generally being persuaded to attend by the patient with little more than a reminder or encouragement from the Almoner, though in a few cases when the girl did not wish to see the man again, the Almoner wrote to the man, and in two cases visited. 14 patients (7 men and 7 women) did not wish to approach their contact themselves and the Almoner undertook to try and get them to attend. In the majority of cases a letter was first sent asking him or her if he or she would call and see the Almoner about an important matter, the times suggested for calling being generally the times of the clinics. If this failed to bring them the men were generally sent further letters but the women were mostly visited if they did not live too far away. In ten cases the Almoner succeeded in persuading the patient to attend here or elsewhere. In one case it was felt to be a case of mistaken identity and the girl was not advised to attend. One man refused to attend and the Almoner was almost certain that he was treating himself as he had access to drugs at his place of work. In only two cases (both men) did the Almoner fail to get the contact to attend. This successful result was not in some cases obtained easily; for instance, one contact was visited ten times and sent three letters before she finally attended. She was out on several occasions, and changed her address three times. Fortunately efforts were not relaxed as when she did finally attend she was found to be suffering from Syphilis. Rather surprisingly she is now attending the clinic with the greatest regularity!

During the year the Almoner has seen as many as possible of the men diagnosed as suffering from one of the Venereal Diseases, and has in fact seen 76 patients out of a total of 113 new recent infections. In practice this has meant that she has seen nearly every patient suffering from Syphilis (with the exception of the foreigners who cannot speak English) and a little more than half those suffering from Gonorrhoea. The reason for this is that nearly every patient suffering from Syphilis comes into the ward for pencillin and attends weekly for injections for some considerable time, so that there are plenty of opportunities for seeing him. The patients suffering from Gonorrhoea usually only attend a few times, and as a high proportion default after one or two attendances, there is far less opportunity for the Almoner to see the

man. Also at first the Almoner's attendance at the male clinic was an experiment and confined to the Wednesday session only, but during the last few months of the year she has also attended every second or third week on a Saturday afternoon to see the patients. In some cases also there was no necessity for the Almoner to see the man as it was known that his contact was already attending the women's clinic.

From this it will be seen that the Almoner's work with the men has developed considerably during the year and that as regards the follow-up of defaulters and the tracing of contacts the Almoner does as much with the men as with the women. The Almoner, now that she knows many of the men quite well, is able to help them with their social problems in much the same way as she assists the women, and on many occasions it has proved useful to know both husband and wife, in helping them over their matrimonial difficulties. Knowing both husband and wife, and seeing them separately, however, brings its difficulties as well, especially when the stories told do not agree, as the Almoner's duty is to help both husband and wife, and not 'take sides' or betray confidences, and great discretion is needed. The wives particularly, are apt to regard the Almoner as their ally and ask her to obtain information from their husbands for them, or even to give their husbands a moral lecture!

Social Survey of Women Patients

As a matter of interest the Almoner has, during the year, tabulated the information she has obtained regarding all the new women patients found to be suffering from a Venereal Disease. This was in respect of recent infections only, and not those transferred from another centre. Total number of new patients with recently acquired Venereal Disease 41
 Diagnoses: Syphilis 26 (one patient had both syphilis and gonorrhoea)
 Gonorrhoea 16

Age groups of patients:—

	<i>Under 20</i>	<i>20-24</i>	<i>25-29</i>	<i>30-39</i>	<i>over 40</i>	<i>Totals</i>
All patients	8	7	11	12	3	41
Single girls	8	1	1	1	1	12
Married women						
and widows	—	6	10	11	2	29
Number of single girls				12		
Single, having already had a child				2		
Single and pregnant at time of attending clinic				2		(one aged 43) Of whom 17 were probably infected by husband.
Married and living with husband				18		
Married and temporarily apart from husband through force of circumstances				4		
Married and apart from husband through dis- agreement				4		
				—		
				26		

Number of women with children living at home with them	21
Married or widowed and admitting to sexual relations outside marriage	9
Married or widowed and not admitting to sexual relations outside marriage	19
(17 probably infected by husband; in 2 cases the source of infection was not known)	
(In one case, that of a widowed displaced person, the history was obscure and the source of infection not known)	
Single and only admitting to one contact	4
Married and only admitting to one extramarital contact	2
Single and admitting to more than one contact	8
(4 had 2 each and 4 were probably promiscuous)	
Married and admitting to more than one extramarital contact	4
(1 had 2, 2 had 3 or more, 1 was probably promiscuous)	

At first sight, it is perhaps a little surprising to discover that no less than 15, or more than a third of the patients, were over 30 years of age; but about half of this number were married women infected by their husbands. Of the single girls under 20 years of age, 6 were aged 18 or 19, one was 16½ and one was 15 years old. This last girl, who was of course below the age of consent, had both Syphilis and Gonorrhoea. One-third of the infected girls had had a child or were pregnant at the time of attending the clinic, but probably these figures are not representative and the proportion is normally lower than this. The total number of pregnancies is on the whole surprisingly low amongst the unmarried girls attending the clinic who, whether they are found to be infected or not, nearly all admit to having had sexual intercourse, and the figures show that roughly a third of the women attending the clinic and found to have a Venereal Disease are unmarried and two thirds married; over half the latter category being innocent wives infected by their husbands. About two thirds of both the single girls and the wives admitting to extramarital relations have more than one contact. This survey is being continued during 1949.

N. M. COGGIN,
Almoner to the V.D. Department.

TUBERCULOSIS SERVICE

(Annual Report, 1948, by Dr. N. J. ENGLAND)

National Health Service Act

Although the local administrative machinery of the Tuberculosis Service was materially affected in consequence of the Act, so far the changes have had few repercussions in respect of the service rendered to the patient.

The control of Hospital and Clinic Services is exercised at Regional level, and special consideration of these aspects of the Service are obtained through a Chest Diseases Sub-Committee of the Medical Advisory Committee to the Board. Problems relating to environmental aspects of the Tuberculosis Service requiring regional consideration are reviewed by the Medical Officers of Health Liaison Committee. Care and After-Care problems are dealt with at Local Authority level, and in Oxfordshire are deputed to the Oxfordshire Care Committee, a voluntary organization and a branch of the National Association for the Prevention of Tuberculosis.

A major change which will result in an alteration of the actual service to the patient relates to the Clinic for Oxfordshire patients, formerly held in the Out-Patient Department at the Radcliffe Infirmary. This Clinic has now transferred to temporary premises at the Churchill Hospital pending the opening of a new Clinic at that Hospital. The new Clinic will not only house the Administrative Staff which still remains at the County Public Health Department, 1 Becket Street, Oxford, but will also provide normal clinic facilities. It will also provide administrative and Clinic facilities for the Oxford City Clinics at present functioning at the Radcliffe, Cowley Road and the Osler Pavilion. The County and City Staff, medical and lay, will thus merge into one team. These new arrangements should provide not only economy in medical and lay administration with greatly improved working conditions, but also improved service to the patients. Clinics can be held more frequently; a proper appointments system can function, with the elimination of unnecessary waiting time, and improved opportunities for medical consultations can be effected. It is hoped that the new Clinic will be opened early in 1949.

When the new Clinic opens a further revision of clinic organization will take place affecting the Abingdon and Henley areas. Abingdon will be serviced from Oxford and Henley from Reading. This change will enable patients to obtain Specialist advice more readily and the present delay which the General Practitioner experiences before receiving Specialists' reports will be overcome.

These changes in the Service should result in material advantages to the patients, the General Practitioners and the Chest Physicians.

The Clinic Service Relating to Oxfordshire

The statistics presented in a form corresponding to previous annual reports cannot be regarded as exactly comparable, as since July, the

Clinics have been open to persons outside the Oxfordshire area. However, as the numbers of such persons are small compared with the total seen, some comparisons are presented for consideration.

The main features are:—	1934	1947	1948
New Cases definitely tuberculôus	110	184	217
Total new cases examined (Excluding contacts)	231	792	913
Total adult contacts seen	98	315	386
Total child contacts seen	179	253	327
Total Clinic attendances	879	3298	4413
Total Tuberculous Patients on Dispensary Register	642	713	790

These data give some indication of the growth of the service and the use made of the facilities afforded to patients and General Practitioners. No further analysis of the epidemiological pattern has been undertaken since that recorded in the last annual report, and there is no reason to believe that any material change has taken place since that report.

Nursing

It is necessary to report a disquieting change that has taken place in the environmental service. The main responsibility for control of tuberculous disease in the home must rest with the Health Visitor acting as the Tuberculosis Visitor. She is responsible for instructing the family in the essential precautions to be taken in the home, giving advice on feeding, clothing, family budgets to assist in maintaining the health of contacts and reporting on assistance required through the Care Committee, etc. Yet the number of visits paid to tuberculous patients shows a sad falling off over the years recorded:—

HOME VISITS BY HEALTH VISITORS TO CASES OF TUBERCULOSIS
Comparison of total tuberculous persons on Register with number of Home Visits

<i>Year</i>	<i>No. of cases of T.B. on register</i>	<i>No. of visits by Health Visitor</i>	<i>Visits estimated per 100 patients on register</i>
1934	642	2469	385
1935	396	2201	556
1936	395	2014	510
1937	373	1889	506
1938	379	1738	459
1939	407	1463	359
1940	442	1451	328
1941	463	1895	409
1942	467	2063	442
1943	517	1963	380
1944	642	1949	304
1945	646	1953	302

1946	682	1858	272
1947	713	1873	263
1948	790	2551	323

Also it must be noted that in 1948 twelve new cases of tuberculosis were found in the contacts examined, and there were three cases of tuberculous meningitis, though none of these cases of meningitis occurred in households in which there were known cases of open tuberculosis.

The Tuberculosis Physician can advise and provide treatment for patients; he can advise on working conditions and hours of rest; can examine and report on the health of the contacts and suggest certain safeguards, but the practical application in the home of the advice given must rest with the Tuberculosis Visitor. Unless frequent and regular visits are made and sufficient time is given at these visits to ensure that adequate precautions are being taken to prevent the spread of infection and maintain the health of the contacts at risk, disasters will occur and irremedial damage may ensue.

Care and After Care

The Voluntary Care Committee continued its good work during 1948, and on July 5th was empowered by the County Council with the duty of providing the Care and After Care Service for the tuberculous, on behalf of that Authority. No change in the composition of the Committee or in its administrative methods was required as a result of the new responsibilities.

Care work requires an intimate knowledge of the personal, usually family, circumstances under consideration. Much time may have to be spent in collecting the relevant information and unless the data are complete and carefully assessed assistance may be misdirected or even refused.

During the last few years, the Committee was assisted in this work by a Rehabilitation and Assessment Officer who was himself an ex-patient. Unfortunately his services were lost to the Committee through his death in the autumn of 1948, and the Committee recorded a sincere tribute of the valuable services he had rendered. So far no person has been appointed to carry on this work, and the Committee has to work without detailed reports. An Almoner is available to the Oxford Clinic, but she is not in a position to carry out detailed investigations in the homes, except in very few instances.

No review of the employment position of Tuberculosis patients is possible for 1948. The detailed recording of each patient ceased when the Rehabilitation Officer's work came to a close. Although the statistical data are lost for the time being, the contacts which the late Officer established with the Ministry of Labour have proved a firm foundation on which to build a satisfactory Rehabilitation Service. Occupational Therapy in the home is dependant on assistance from the Red Cross and some out-patient work at the Osler Pavilion.

The general picture is, therefore, not a happy one as regards environmental and Care work. The Physician is dependent on brief interviews with patients at Clinics and only occasionally in the home. The supervision in the home by the Health Visitors is becoming less frequent, and they are not in contact with the Tuberculosis Physician, except by letter in the majority of cases. No Officer is available for detailed investigations for the Care Committee or for Rehabilitation or Resettlement advice. It is sincerely to be hoped that some, if not all of these difficulties, will be overcome in 1949.

Institutional Service

No further thoracoplasties are undertaken for Tuberculosis at the Radcliffe Infirmary. Peppard Sanatorium now has a Surgical Block available and patients requiring this type of operation or other major chest operations for tuberculosis are now transferred to that Institution.

Streptomycin is available for suitable cases at the Radcliffe and Osler Pavilion and many other Hospitals taking tuberculous patients in the Region. It is worthy of record that the Radcliffe Infirmary shared in the pioneer work in connection with the treatment of tuberculous meningitis by Streptomycin.

Comments by County Medical Officer

Nursing

Although the number of visits paid by Health Visitors to tuberculous persons in 1948 exceeded those paid in 1947 by some 650 it should be borne in mind that for the greater part of 1948 there were seven vacancies on the staff of Health Visitors. This is not peculiar to Oxfordshire but it is hoped that the staff will be up to full strength during 1949.

Care and After-Care

The question of the provision of a whole-time occupational therapist will be under consideration during 1949 and this officer if appointed will to a great extent carry on the late Mr. Ross's work and form a definite link with the Care Committee.

Vital Statistics

The incidence of tuberculosis as shown by notifications and deaths is demonstrated in the following table:—

<i>New Cases (notifications)</i>				<i>Deaths</i>			
<i>Age Groups</i>		<i>Non-Pulmonary</i>		<i>Age Groups</i>		<i>Non-Pulmonary</i>	
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0—	0	1	0	0	0	0	0
1—	4	2	3	1—	0	0	1
5—	7	4	9	5—	0	1	0
10—	1	5	3	15—	13	16	1
15—	6	8	0	45—	11	5	0

20—	11	13	3	0	65—	4	1	0	0
25—	10	12	2	4					
35—	12	9	1	1					
45—	6	1	0	0					
55—	5	0	2	1					
65—	2	2	1	0					
	64	57	24	21		28	23	2	3

The following table shows the number of deaths and rates per 100,000 living in the County since 1914.

	<i>Pulmonary</i>		<i>All forms</i>	
	<i>Number</i>	<i>Rate per</i> 100,000	<i>Number</i>	<i>Rate per</i> 100,000
1914	104	75	130	93
1915	113	89	141	117
1916	112	92	150	123
1917	168	144	195	168
1918	142	119	162	135
1919	105	84	137	109
1920	90	69	107	82
1921	99	75	121	92
1922	97	73	113	85
1923	89	66	108	81
1924	86	64	107	79
1925	72	53	96	71
1926	82	61	95	70
1927	99	72	118	86
1928	67	48	85	62
1929	91	70	107	83
1930	73	57	94	74
1931	61	47	74	57
1932	64	49	71	54
1933	63	48	77	58
1934	54	41	66	50
1935	54	41	70	53
1936	56	42	72	54
1937	38	28	51	38
1938	42	31	50	37
1939	51	36	60	42
1940	45	28	55	35
1941	64	34	73	41
1942	54	32	67	40
1943	45	28	53	33
1944	53	35	63	41
1945	45	30	55	37

1946	51	34	62	42
1947	48	32	57	38
1948	51	31	56	35

MENTAL HEALTH SERVICE

A special sub-committee (see p. 3) of the Health Committee has been set up to administer this service. The sub-committee meets at least quarterly and during 1948 met in May, June, September and December. *Staff* see page 4.

The whole-time Mental Welfare Officer and Duly Authorized Officers have in the case of the female officer had previous experience in mental deficiency work and in the case of the male officer considerable experience of the work of the Lunacy and Mental Treatment Acts as a relieving officer in London.

The four part-time duly authorized officers who are stationed in the county have all had experience under the Lunacy Acts and Mental Treatment Acts as ex-officers under the old Public Assistance Committee in the County.

There is the closest co-operation with the officers of the Regional Hospital Board and with the staff of the Mental Hospital at Littlemore, in fact two of the day staff at this hospital have been designated as duly authorized officers to act in grave emergencies. Supervision of patients on licence from Institutions for Mental Defectives is undertaken as a routine procedure. Patients on trial from Mental Hospitals are at present supervised by psychiatric social workers attached to the hospitals.

The question of a joint appointment of another psychiatric social worker at Littlemore Hospital will be under review during 1949.

No duties have been delegated to Voluntary Organizations.

Work Undertaken in the Community

(1) *Sec. 28. National Health Service Act, 1946*

Persons suffering from mental ill health or who are mentally defective have been helped in connection with the provision of dental treatment, the provision of articles from the Medical Loan Depots in the county, clothing, bedding, etc.

The services of the District Nurses and Health Visitors in addition to those of the duly authorized officers have been made available wherever required.

(2) *Lunacy and Mental Treatment Acts*

Patients were dealt with as follows:—

Lunacy Acts	45
Mental Treatment Act, 1930, Sec. 1	74
Mental Treatment Act, 1930, Sec. 5	3

Wherever possible the duly authorized officers endeavour to use the procedure under Secs. 1 and 5 of the Mental Treatment Act, 1930, for the admission of patients to mental hospitals. In the case of acute mental illness, the duly authorized officers have frequently used their powers under Sec. 20 of the Lunacy Act, 1890, for detention and observation in a mental hospital and in many of these cases the Medical Superintendents of Mental Hospitals have subsequently applied the provisions of the Mental Treatment Act, 1930, for the purpose of avoiding Certification.

Medical practitioners in the county frequently make use of Sec. 5 of the Mental Treatment Act, 1930.

MENTAL DEFICIENCY ACTS, 1913 to 1938

During the year ended December 31st, 1948, 38 (19 male and 19 female) new cases were ascertained.

The 38 cases were dealt with as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Admitted to Certified Institutions ...	4	7	11
Placed under Guardianship ...	3	—	3
Voluntary Supervision...	9	7	16
Statutory Supervision ...	4	4	8
	20	18	38

Of whom awaiting institutional treatment 2 2 4

The number of defectives ascertained by the Council to be subject to be dealt with, or who might become subject to be dealt with, on December 31st, 1948, was 540.

Institutional Accommodation

On the 31st December, 1948, there were 162 persons detained under Order in Institutions and 54 under guardianship.

During the year ended 31st December, 1948.

No. of Orders made under the Mental Deficiency Acts ...	31
Of whom (a) admitted to Institutions	24
(b) placed under guardianship	7
	31
No. of Varying Orders	11
No. of Orders by Secretary of State under Mental Deficiency Act, 1913, Section 9	—
No. of urgent cases admitted temporarily to Places of Safety	8
Notifications by County Education Authority	12

On the 31st December, 1948, there were 162 persons detained under Order in Institutions, distributed as follows:—

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Borocourt	...	...	...	21	31	52
Billericay	...	...	...	1	—	1
Brentry Colony	...	...	...	4	—	4
Buntingford	...	...	...	12	—	12
Cotshill Hospital	...	...	...	21	30	51
Easthampstead	...	...	...	1	—	1
Hildenborough	...	...	...	1	—	1
Hortham Colony	...	...	...	1	1	2
Manor House, Aylesbury	...	...	...	1	1	2
Moss Side	...	...	...	1	2	3
Old House, Wheatley	...	...	...	4	4	8
Pewsey	...	...	...	1	1	2
Rampton	...	...	...	1	4	5
Rock Hall House, Bath	...	...	...	—	1	1
Royal Earlswood	...	...	...	1	—	1
Sandlebridge Homes	...	...	...	—	1	1
Stallington Hall	...	...	...	2	—	2
St. Joseph's, Sheffield	...	...	...	—	1	1
St. Mary's, Alton	...	...	...	—	4	4
Stoke Park Colony	...	...	...	2	3	5
St. Mary's, Wallingford	...	...	...	1	—	1
St. Raphael's, Bravin Park...	...	...	...	1	—	1
Wayland House	...	...	...	—	1	1
				77	85	162

On Licence 31st December, 1948

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Not included in above	{	Borocourt	...	3	5	8
		Cotshill Hospital	...	3	—	3
		Hildenborough	...	2	1	3
		Old House, Wheatley	...	1	—	1

At the end of the year there were eight male and nine female mental defectives who had been referred to the Regional Hospital Board and who were on the waiting list for admission to Institutions.

BLIND PERSONS ACTS, 1920 to 1938

January 1st—July 4th, 1948

These Acts were administered by the Health Committee until July 5th when the Welfare Committee became responsible under the National Assistance Act, 1946.

The Health Visitors have for twenty-five years visited and paid relief to blind persons, and the blind looked to them for advice in many ways.

On the day of transfer, there were 262 blind persons of whom 128 were in receipt of relief. Six of these were mentally defective, eleven physically defective and thirteen deaf.

There were six home workers and fourteen persons who worked independently and one within the workshops of the blind.

Ten blind persons were in homes for the blind, sixteen in Public Assistance Institutions and four in mental hospitals.

One hundred and twenty-eight persons were relieved at a cost of £2556.

Blind Persons in Oxfordshire

<i>Age-period</i>					<i>Total Blind</i>
0— 1	...	...	...	...	—
1— 5	...	...	...	...	2
5—16	...	...	...	...	2
16—21	...	...	...	...	2
21—40	...	...	...	...	17
40—50	...	...	...	...	19
50—65	...	...	...	...	53
65—70	...	...	...	...	28
70 upwards	...	...	...	...	139
					—
					262
					—

ANNUAL REPORT OF COUNTY HOUSING OFFICER

I have the honour of presenting my Third Annual Report in respect of the year 1948.

During the period under review, 151 visits were made in connection with the following:—

Consultations with District Councils' Clerks, Surveyors/Sanitary Officers, Consulting Engineers							86
Consultations at Ministry of Health, Reading, re Housing, Water Supplies and Sewerage							3
Attendance at Ministry of Health Public Inquiries							4
Visits to schools re water supplies...							4
No. of samples of school milk obtained							1
Village surveys in connection with Sewerage schemes							12
" " " " Water supply schemes							23
" " " " Housing							3
Inspections of works in progress, water and sewerage schemes							11
No. of water samples obtained for chemical analysis							2
" " " " " bacteriological examination							4
Boundary Commission Conferences							1

Rural Water Supplies and Sewerage Act, 1944

Sewerage schemes

No. of schemes received	...	...	...	...	...	...	2
No. carried over from previous year	...	...	...	...	...	...	—
Schemes in hand 1948	...	...	...	...	...	...	2
No. of schemes approved by County Council	...	...	...	...	...	...	2
No. of schemes not approved by County Council	...	...	...	...	...	...	—
No. of schemes carried over to 1949	...	...	...	...	...	...	—
Total number of schemes approved since passing of Act of 1944	...	...	...	...	...	...	32
Estimated cost	...	...	...	...	...	...	£1,110,000

Main Water Supply schemes

No. of schemes received	...	...	...	...	...	...	7
No. carried over from previous year	...	...	...	...	...	...	1
Schemes in hand 1948	...	...	...	...	...	...	8
No. of schemes approved by County Council	...	...	...	...	...	...	4
No. of schemes not approved by County Council	...	...	...	...	...	...	—
No. of schemes carried over to 1949	...	...	...	...	...	...	4
Total number of schemes approved since passing of Act of 1944	...	...	...	...	...	...	13
Estimated cost	...	...	...	...	...	...	£1,287,390

Rural Housing

The accompanying Housing Statement shows that the Rural Housing Survey continues to maintain its slow rate of progress towards completion, and after nearly four years it is still impossible to foretell the completion date for some areas. Accepting to some extent that changes in local authorities' inspectorial staff have caused delay, it is nevertheless disappointing that an effort has not been made to complete the survey—especially in view of the extended time the latter has been in progress, and that district councils are possibly losing valuable data in connection with their new housing programmes, including the provision of water supply and sewerage services.

The effect of the Government's increase in repair allowances and an easement in the supplies of certain building materials appears to be reflected in the increased number of repair notices served and subsequently complied with, although in consequence of the £100 maximum to house owners the monthly 'ceiling' allocated to district councils was drastically curtailed, the available sum leaving little, if any, for works of reconditioning. Whether the proposed reconditioning grants outlined in the new Housing Bill will be related to these small ceilings, is, I believe at this stage unknown—it is hoped that they will be outside, and again one wonders how far these grants will assist if development charges are to be included with certain reconditioning expenditure.

The Housing Bill referred should become law next year, but in its present stage introduces a number of important changes in housing legislation, perhaps the most important being that the reconditioning grants mentioned will be payable by local authorities to private owners,

instead as in the past by County Councils under the Housing (Rural Workers) Acts.

Temporary housing accommodation provided by ex-military huts, whether subjected to some adaption or not, shows an increase over last year—(342 : 456, 181 : 192), and provides a further unsatisfactory index on the housing situation.

H. G. BARTRAM, A.M.INST.S.E., M.S.I.A.

County Housing Officer.

EXTRACTS FROM THE ANNUAL REPORT OF THE VETERINARY OFFICERS OF THE MINISTRY OF AGRICULTURE AND FISHERIES FOR THE YEAR ENDED 31st DECEMBER, 1948

Tuberculosis Order of 1938

Thirty-four reported cases have been received at this Divisional Office during the year under review, disease being confirmed in thirty of them.

The following is a comparison of reported and confirmed cases over the last five years:—

		1944	1945	1946	1947	1948
<i>Reported cases</i>	...	99	87	77	34	34
<i>Confirmed cases</i>	...	64	69	70	32	30

Milk and Dairies Acts and Orders

Tuberculous Milk—Veterinary Investigations

Three cases have been dealt with during the year under review, involving three herds. In two instances, all samples were returned negative. In the third case, two individual positive samples were obtained.

All samples for biological examination, since the 1st August, 1948, have been sent to the Pathological Department, General Infirmary, Salisbury. Prior to this date, they were sent to the National Institute for Research in Dairying, Shinfield, Nr. Reading, Berks.

Milk and Dairies Order of 1926

1162 herd inspections have been carried out, involving 17,091 cattle. During these inspections, 59 cases of mastitis were revealed, and 4 cases of tuberculosis.

Milk (Special Designations) Order of 1936

(1) Accredited Milk Scheme

There are 102 licences in operation. 180 clinical inspections have been carried out, involving 5700 animals. 45 cases of mastitis were found during these inspections, while no cases of tuberculosis were revealed.

(2) School Milk Scheme

Quarterly clinical inspections under the above Scheme have been duly carried out. Milk is supplied to the various schools from 88 farms.

This total is made up as follows:—

Attested herds, 37; Accredited herds, 16; Non-designated herds, 35.

(3) Record of Laboratory Work

During the year under review, the following samples have been examined in Divisional Office Laboratory:—

Milk	6 negative	2 positive	total 8
Sputa	— negative	1 positive	total 1

The following reports have been received from L.V.I.'s in connection with microscopical work:—

Milk	13 negative	1 positive	total 14
Sputa	— negative	— positive	total nil

87 samples have been submitted to a biological examination under Tuberculous Milk—Veterinary Investigation, Milk and Dairies Order of 1926, Milk (Special Designations) Order of 1936, Accredited Milk Scheme, and School Milk Scheme.

This total is made up as follows:—

Single samples	57 negative	5 positive	total 62
Group samples	19 negative	1 positive	total 20
Bulk samples	5 negative	— positive	total 5

Milk (Special Designations) Order, 1936

At the end of the year there were held in the County 352 Tuberculin tested licences and 82 Accredited licences.

863 samples were taken officially, 26 per cent of these proving unsatisfactory.

Three licences were suspended during the year, and a further ten were not renewed owing to the failure of the licensees to produce milk of the required standard consistently.

**EXTRACTS FROM THE ANNUAL REPORT OF THE INSPECTOR UNDER THE FOOD AND DRUGS ACT, 1938,
PUBLIC HEALTH (CONDENSED MILK) REGULATIONS,
PUBLIC HEALTH (DRIED MILK) REGULATIONS,
PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD)
REGULATIONS**

The Sections of the Food and Drugs Act administered by the Department are those which devolve on the Council as a Food and Drugs Authority and relate principally to adulteration.

‘Adulteration’ in respect to milk means the addition of water, colouring matter or preservatives and the abstraction of fat.

‘Adulteration’ in respect to other foodstuffs means the addition of any other substance to, or the abstraction of any part from, a food so as to affect injuriously its nature, substance or quality, and includes the addition of preservatives; or where a limited amount of certain preservatives is permitted, the addition of an excess amount.

For the purpose of these Sections, samples are purchased and submitted to the Public Analyst, who in his certificates, states whether or not, in his opinion, the articles are genuine, whether they infringe the Regulations, and whether they contain an excess of preservative or a prohibited preservative. An attempt is made to purchase samples of milk from every retailer and samples of other foodstuffs whenever convenient or necessary.

It will be seen that of 386 samples, 213 were not submitted to the Public Analyst. In the case of milk and spirits your inspectors made tests of ‘informal’ samples, the formal samples being submitted to the Public Analyst when these tests throw doubt on the quality of the article. In the case of milk samples these tests provide information which permits of ‘follow-up’ or ‘Appeal to Cows’ samples being taken at the earliest possible moment, i.e. at the next successive morning or evening milking.

385 samples were procured during the year, of which 172 were submitted to the Public Analyst.

The articles sampled were:—

<i>Article</i>					<i>Number sampled</i>	<i>Number sent to Analyst</i>	<i>Number unsatis- factory</i>
<i>Foods</i>							
Butter	...	...	...	...	7	7	—
Cheese	...	...	...	...	1	1	—
Chicken broth	...	...	...	...	1	1	—
Cocoa	...	...	...	...	1	1	—
Chutney	...	...	...	...	1	1	—
Cake and sponge mixture	...	...	...	...	1	1	—
Coffee	...	...	...	...	2	2	—
Coffee and Chicory essence	...	...	...	...	1	1	—
‘Coffee creme’	...	...	...	...	1	1	—
Colouring	...	...	...	...	4	4	—
Cooking fat	...	...	...	...	4	4	—
Custard powder	...	...	...	...	1	1	—
Dessert mould	...	...	...	...	1	1	—
Faggots	...	...	...	...	1	1	—
Fish, tinned	...	...	...	...	1	1	—
Gravy browning	...	...	...	...	1	1	—
Haslet	...	...	...	...	1	1	—
Horseradish	...	...	...	...	1	1	—
Liver sausage	...	...	...	...	1	1	—
Macaroni	...	...	...	...	1	1	—
Malt extract	...	...	...	...	2	2	—
Malt vinegar	...	...	...	...	1	1	—
Margarine	...	...	...	...	1	1	—
Milk	...	...	...	...	240	62	34

Mustard	...	...	...	1	1	—
Mustard sauce	...	...	...	1	1	—
Noodles	...	...	...	1	1	—
Olive oil	...	...	...	2	2	—
Oil, culinary	...	...	...	1	1	—
Orange juice	...	...	...	1	1	—
Paste, meat and fish	...	...	...	3	3	—
Patent foods	...	...	...	2	2	—
Pearl Barley	...	...	...	9	9	—
Polony	...	...	...	1	1	—
Pork Pie	...	...	...	1	1	—
Procea	...	...	...	1	1	—
Sauces	...	...	...	1	1	—
Sausage meat and sausages	...	...	...	9	9	—
Soft drinks	...	...	...	4	4	—
Soup	...	...	...	1	1	—
Spaghetti	...	...	...	1	1	—
Spirits—Gin	...	...	...	7	—	—
Rum	...	...	...	2	—	—
Whisky	...	...	...	29	3	1
Spices	...	...	...	6	6	—
Sugar, Demerara	...	...	...	1	1	—
Sweet spread	...	...	...	2	2	—
Spread, chocolate	...	...	...	1	1	—
Sweetmeats	...	...	...	5	5	—
Tea	...	...	...	1	1	—
Treacle	...	...	...	1	1	—
Wine—Port flavour	...	...	...	1	1	—
White pudding	...	...	...	1	1	—

Drugs

Bicarbonate of Soda	...	...	1	1	—
Boracic acid powder	...	...	1	1	—
Boracic ointment	...	...	1	1	—
Cream of Tartar	...	...	1	1	—
Health Salts	...	...	1	1	—
Flowers of Sulphur	...	...	1	1	—
Glycerin, Honey and Blackcurrant	...	...	1	1	—
Saccharin	...	...	1	1	—
Syrup laxative	...	...	1	1	—
Liquorice Powder	...	...	1	1	—
'Indian Brandee'	...	...	1	1	—
				385	35

A sample of whisky showed slight traces of rum. The other unsatisfactory samples were all milk samples, 8 of which were the subject of

prosecutions resulting in 6 convictions and one dismissal; one other prosecution is pending.

Two retailers were cautioned in respect of deficiencies in fat in three samples of milk.

No action was possible in respect of the other 23 unsatisfactory samples of milk, which were either deficient in fat or slightly deficient in solids-not-fat, traceable to the cows, and not to tampering with the milk.

PHARMACY AND POISONS ACT

The duties of the County Council under this Act comprise the keeping of a list of sellers of poisons (other than chemists), the regulation of the sales of Part II poisons and the examination of Poisons Registers (where such Registers have to be kept).

The Council's list included 319 premises where poisons may be sold, an increase of 73 over last year.

Inspections were made at the premises of 154 listed sellers and at the premises of 65 new applicants. 23 others were found to be selling poisons illegally.

126 other visits were made to ascertain that poisons were not being sold.

Three samples were submitted to the Public Analyst in connection with sales or suspected sales of poison.

Accidental Lead Poisoning in a Temporary Dwelling

(DR. V. O. B. GARTSIDE, *Deputy County M.O.H.*)

(reprinted by courtesy of the 'Medical Officer')

The following case is recorded as one of unusual occurrence, yet it involved a simple chain of circumstances which might arise in temporary dwellings.

On 5th July of this year, a male child, aged 16 months, was admitted to hospital suffering from an acute illness and gravely ill. A tentative diagnosis of 'lead encephalopathy' was made and this was confirmed by blood examination and by response to a certain line of treatment. A week later, another child from the same family was admitted to hospital suffering from a mild attack of the same illness. The clinical picture will not be dealt with in more detail as it may be the subject of independent communication to another journal.

The diagnosis having been confirmed, the question arose as to the source of the lead, and a visit to the home revealed the following circumstances. The family, consisting of two adults and two small children, were living in a disused R.A.F. hut, the hut being an official temporary dwelling controlled by the district sanitary authority. The living room contained an independent stove for cooking and heating, with a stack pipe going up to the roof, the stove itself being in such a position that it was possible for the family to move all round it, and

the means of escape for fumes being the single pipe. Whilst the pipe and stove were in good condition, there was an unavoidable leakage of fumes through the top of the stove and anything burnt on the stove would to some extent generate gases which would enter the body of the room. In view of the fact that the stove was an independent unit and not fitted into a fireplace, it was probable that the family would come into more intimate contact with such gases than in an ordinary dwelling. On entering the room, one was greeted by a pronounced odour of burning pitch and summary investigation showed that the family were using as fuel, parts of old accumulators. In a recess behind the living-room was a wheelbarrow containing a supply of this material. It appeared that on the site, two men were breaking down discarded batteries and extracting the lead plates for salvage. The rest of the batteries were being used as fuel by the household under investigation, and, in fact, by the majority of the other tenants on the site. Although the lead plates were extracted, an appreciable amount of lead salts remained in the material which was being used as fuel and this was without doubt the cause of the lead poisoning in the children admitted to hospital.

The tenants of the site were unco-operative and mildly obstructive with regard to the use of this dangerous material as fuel, and the question arose as to what action could best be taken to safeguard further risk to life. It was decided that the district council should communicate with each tenant on the site, informing him of the inadvisability of using the fuel and point out the danger of the consequences of doing so. If this had not achieved the desired result (which in actual fact it did), it is suggested that action could have been taken under section 92 of the Public Health Act, 1936. Whilst the circumstances did not come within the more usual interpretations of the section, the fact that two children had been admitted to hospital, one being gravely ill, would have been strong evidence that the matter referred to was 'prejudicial to health' within the meaning of the Act. If for any reason satisfactory action could not have been taken under section 92 of the Public Health Act, then the matter could have been referred to the police, and, in the event of further injury to children occurring, the appropriate persons could have been held responsible and a charge preferred under section 1 of the Children's and Young Persons Act, 1933. This would have been an unsatisfactory state of affairs as the damage would have resulted before action had been taken and it would have been a failure of preventive hygiene.

Summary

- (1) An occurrence of lead encephalopathy in a temporary dwelling is reported.
- (2) The circumstances which gave rise to it are described, and attention directed to the type of stove.
- (3) A brief note on the legal action taken is added.

SCHEMES UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946 AS APPROVED BY THE MINISTRY OF HEALTH

Section 22

Care of Mothers and Young Children

PART I

General Statistical Data (Including the Borough of Banbury, at present a separate welfare authority, but which will be included in the Authority's area after the appointed day) see Part II.

- (1) Total mid-1946 population—146,390
- (2) Total mid-1946 number of children under 5—12,070.
- (3) Registered live births—

	<i>Legitimate</i>	<i>Illegitimate</i>
1945	2418	350
1946	2801	259

Existing Service—Oxfordshire

The Authority provides the following:—

- (1) 24 health visitors (who are also school nurses) under a Superintendent Health Visitor for domiciliary work including visiting of expectant and nursing mothers and children under five, child life protection work, supervision of foster homes, attendances at child welfare clinics, etc.
- (2) 56 child welfare clinics.
- (3) Diphtheria immunization at child welfare clinics or in the homes of the children or doctor's surgery.
- (4) Welfare foods at special prices at child welfare clinics.
- (5) Instruction and demonstration on mothercraft at child welfare clinics.
- (6) Ante-natal and post-natal examinations by general practitioners.
- (7) A domiciliary midwifery service by arrangement with the Oxfordshire Nursing Federation.
- (8) Maternity outfits.
- (9) Maternity accommodation for emergency and difficult cases, and for those women who cannot be safely delivered in their own homes.
- (10) Consultants for difficult labour and for puerperal pyrexia.
- (11) Hospital treatment for expectant and nursing mothers and children under five.
- (12) Special equipment for use by midwives and doctors for premature infants.
- (13) Obstetric mobile unit (by arrangement with the Maternity Department of the Radcliffe Infirmary).
- (14) Consultant Paediatrician.
- (15) Dental treatment for expectant and nursing mothers when recommended.

Existing Service—Banbury

The Authority provides services similar to those above mentioned for Oxfordshire except as follows:—

- (a) Three health visitors, who are also school nurses, are employed.
- (b) There is one child welfare clinic.
- (c) There is one ante-natal and one post-natal clinic. These examinations are not undertaken by general practitioners.
- (d) Welfare foods are supplied on the voucher system.
- (e) No maternity outfits are provided, nor special equipment for the use of midwives and doctors for premature infants.
- (f) Dental treatment for expectant and nursing mothers and children under the age of five years is not provided.
- (g) There is a municipal maternity home.

						Oxon	Banbury
A.	Ante-natal Clinics.						
(1)	Number of clinic premises	...	...	...	...	—	1
(2)	Number of expectant mothers attending in 1946	...	...	...	...	—	121
(3)	Number of sessions held weekly	...	...	...	...	—	1
B.	Post-natal Clinics.						
(1)	Number of clinics	...	...	...	...	—	1
(2)	Number of sessions held weekly	...	...	...	...	—	1
C.	Arrangements with General Practitioners.						
(1)	Number of women ante-natally examined...					698	—
(2)	Number of women post-natally examined...					50	—
D.	Child Welfare Clinics.						
(1)	Number of clinics	...	...	...	...	56	1
						9 weekly	
(2)	Number of sessions held weekly	...	...	...	...	46 fortnightly	
						1 monthly	1
E.	Day Nurseries.						
(1)	Number	...	...	...	...	1	1
(2)	Number of places	...	...	...	...	40	40
F.	Residential Nurseries					none	none
G.	Mother and Baby Homes					none	none
H.	Dental Treatment given in 1946.						
(1)	To expectant mothers	...	...	...	...	10	—
(2)	To children under 5	...	...	...	...	—	—

PART II

Description of the Service which it is proposed to operate

A. General Arrangements

(1) The maternity and child welfare service, which will include the maternity and child welfare services at Banbury after the appointed day, will be under the administrative control of the County Medical

Officer of Health, assisted by the Assistant County Medical Officer of Health, the Superintendent Health Visitor, the health visiting staff and general practitioners as part-time medical officers to the child welfare clinics and to the ante-natal and post-natal clinic at Banbury.

The County Medical Officer will be responsible for the co-ordination of the maternity and child welfare, nursing and midwifery services.

The Local Health Authority will continue by arrangement with the Regional Hospital Board to use the services of consultants (see para. 4 (b), (c) and (e) below).

In addition to the domiciliary visits to expectant and nursing mothers and young children by the health visitors, provision will continue to be made for diphtheria immunization and vaccination. Demonstrations and health talks on mothercraft, etc., will continue to be given in all child welfare clinics.

(2) There will be reciprocal arrangements with the City of Oxford for the attendance of mothers and young children at welfare clinics in the fringe areas, and direct arrangements for the provision of a dental service for expectant and nursing mothers resident in the County environs of Oxford (see para. B. 3 (i) (a) below).

(3) *Arrangements with voluntary organizations.* The Oxfordshire Nursing Federation, which will provide the midwifery and nursing service as agent of the Local Health Authority, will through its staff give domiciliary ante-natal and post-natal supervision as hitherto. The Local Health Authority will continue to use the services of the two local branches of the Oxford Diocesan Council for Moral Welfare, whose Officer is in daily contact with the Superintendent Health Visitor in connection with the care of unmarried mothers and their babies.

(4) *Liaison with other bodies.* As the medical officers in charge of child welfare and ante-natal and post-natal clinics, with the exception of the child welfare clinic at Banbury where the medical officer is the District Medical Officer of Health and Assistant County Medical Officer, are medical practitioners in the County, the question of joint appointments with the Regional Hospital Board or the Governing Body of the Teaching Hospital will not arise.

The following services will be provided by arrangement with the Regional Hospital Board and/or the Governing Body of the Teaching Hospital.

- (a) Institutional accommodation for pregnant women where the clinical condition warrants such accommodation, for emergency cases, for mothers with premature infants where necessary and for other women, who cannot by reason of adverse home conditions be safely delivered in their homes.
- (b) Services of obstetric consultants for general practitioners and midwives, who are attending women in their homes.

- (c) The services of the Obstetric Mobile Unit based on the Teaching Hospital maternity department, to be used by general practitioners and midwives attending women in their homes.
- (d) Treatment for children under five years of age at the Wingfield-Morris Orthopaedic Hospital as in-patients and also at the clinics operated by the same hospital (out-patients).
- (e) Services of paediatrician for consultations with general practitioners with special reference to premature infants.

B. Particular arrangements which it is proposed to operate on the appointed day.

(1) *Clinics*

- (a) One ante-natal clinic (one session weekly).
- (b) One post-natal clinic (one session weekly).
- (c) Child welfare clinics—57, with weekly session at 10, fortnightly sessions at 46 and monthly sessions at one.

(2) *Care of Premature Infants*

The arrangements which exist at the present time for the notification to the Local Health Authority of all premature births will continue, and by arrangement with the Regional Hospital Board and/or the Governing Body of the Teaching Hospital institutional accommodation and the services of a paediatrician will be available whenever required by general practitioners and midwives. The Local Health Authority will continue to provide and loan sets of special equipment at the request of general practitioners and midwives. This equipment includes—cots, screens and blankets, feeding bottles, oesophageal feeding apparatus, pipettes for feeding, feed and rectal thermometers, etc.

The service of health visitors will be available as hitherto.

(3) *Dental Care*

- (i) (a) Dental treatment for expectant and nursing mothers will be provided on the appointed day at Banbury, Henley, Thame and Chipping Norton in the school clinics by arrangement with the County Education Committee, and this will be extended to Witney and Bicester when suitably equipped premises are available. Arrangements will be made with the City of Oxford for dental treatment for expectant and nursing mothers resident in the County environs of Oxford.
- (b) Dental treatment for children under five will, by arrangement with the County Education Committee, be available at *ad hoc* clinics (see (i) (a) above) and during the dental inspection and treatment sessions which are held in the schools in the County.

(ii) There are five whole-time school dentists employed by the County Education Committee, and it is estimated that 1/10th of the time of each dental officer will be required for the weekly sessions to be

held at Banbury, Henley, Thame and Chipping Norton, and pro rata as further clinics are opened. It is not possible to estimate the amount of time to be spent by each school dental officer, who will inspect and treat children under five during the routine work in the schools.

(iii) Arrangements will be made for provision and repair of dentures by contract with approved firms.

The Local Health Authority will endeavour to arrange with the Local Executive Council for priority to be given to expectant mothers for treatment by dental practitioners where referred by the Local Health Authority, pending provision of further dental clinics.

(4) *Supply of Welfare Foods*

The Council propose to distribute, on behalf of the Ministry of Food, those Welfare Foods which are included in the Government's welfare foods scheme, and to arrange for other welfare foods to be supplied where the welfare of the expectant or nursing mothers or young children so requires.

(5) *Provision of Maternity Outfits*

Maternity outfits will continue to be supplied on application by expectant mothers, midwives, etc., to the Health Department.

(6) *Nursery Provision*

(a) Day Nurseries—2.

(b) Residual nurseries—none.

(In this connection it is hoped that short-stay residential accommodation will be available in one or more new homes, which will be set up by the County Child Welfare Committee.)

(c) Other provision—none.

(7) *Care of Unmarried Mothers and their Children*

The Local Health Authority will continue to use the services of the two local branches of the Oxford Diocesan Council for Moral Welfare functioning in the County, and for the service of whose officers a grant is paid. One of these officers will continue to use the Health Department offices for interviewing unmarried mothers and be in regular contact with the Superintendent Health Visitor. The health visitors will continue to work closely with the welfare workers of the Diocesan Council in connection with follow-up and care work. The Diocesan Council's welfare workers, in close co-operation with the Health Department, will continue to:—

(a) Endeavour to find homes for expectant mothers with relatives, if the parents are unwilling.

(b) Advise expectant mothers on suitable accommodation before and immediately after confinement.

(c) Make arrangements for confinement at one of the Diocesan Homes, or at maternity homes or institutions through the Health Department.

(d) Assist mothers to obtain affiliation orders.

- (e) Assist mothers to find employment where they can live with their babies, and where necessary suitable foster parents (payments to foster parents will be guaranteed).
- (f) Arrange for babies to be sent to day nurseries whilst the mothers are at work.
- (g) Arrange for the admission of mothers and babies to Diocesan hostels for unmarried mothers and their babies, pending decision as to the future of the mother and/or the baby.
- (h) Give advice in special cases with reference to legal adoption where necessary.

PART III

Development Plan

With the exception of dental clinics the area of the Local Health Authority will be adequately covered. It is proposed to expand and develop, as soon as practicable, the arrangements for the dental care of expectant and nursing mothers and of children under the age of five so as to provide adequate facilities for expectant mothers to be examined early in pregnancy by a dentist; for the periodical examination of children under the age of five; and for the necessary treatment to be provided for mothers and children, particular attention being given to conservative treatment. In particular, in conjunction with the Education Committee it is proposed to open dental clinics at Witney and Bicester as soon as suitable premises are available.

Ante-natal and post-natal clinics will be established if it is found necessary by the Local Health Authority to supplement the general practitioner obstetrician service described in paragraph 13 of Ministry of Health Circular 118/47 in this way.

The Local Health Authority will open further child welfare clinics in rural areas as the need arises and suitable premises become available.

The Local Health Authority proposes to keep the whole service under constant review.

Section 23 Midwives Service

PART I

Statistical Data

Number of domiciliary births in the area (including the Borough of Banbury)—

(a) 1945—1340.

(b) 1946—1507.

Existing Service

The Oxfordshire Nursing Federation, which receives a grant for the purpose, acts as the agent of the County Council and provides a domiciliary midwifery service (day and night) throughout the County, but excluding the Borough of Henley where there is one whole-time midwife employed by the County Council, and Witney where the local District

Nursing Association, which is not affiliated to the Oxfordshire Nursing Federation, provides the service.

The County Council employs one whole-time midwife.

The Oxfordshire Nursing Federation employs 48 midwives, who also undertake nursing, which is equivalent to 24 whole-time midwives, together with the equivalent of $3\frac{1}{2}$ whole-time relief midwives.

The Witney District Nursing Association employs the equivalent of one whole-time midwife.

A total equal to the equivalent of $29\frac{1}{2}$ whole-time midwives.

The Oxfordshire Nursing Federation also employs a County Superintendent, half of whose time may be deemed to be concerned with the midwifery service.

PART II

General Administrative Arrangements

The County Council will on the appointed day cease to employ a whole-time midwife at Henley, and every endeavour will be made to obtain the affiliation of the Witney District Nursing Association to the Oxfordshire Nursing Federation, which organization will continue to act as the agents of the Council for the purpose of providing a midwifery service.

On the appointed day there will be employed the equivalent of $26\frac{1}{2}$ whole-time midwives together with the equivalent of $3\frac{1}{2}$ whole-time relief midwives, making a total equal to the equivalent of 30 whole-time midwives, together with half the services of the County Superintendent.

As the midwifery service will form an integral part of the Council's health services—

- (1) The midwifery service will be under the general administrative control of the County Medical Officer of Health;
- (2) The County Superintendent Health Visitor will be designated Superintendent Nursing Officer (para. 27 Circular 118/47) to ensure close co-operation between the midwifery, nursing and health visiting services; and
- (3) The Superintendent of the Oxfordshire Nursing Federation will be appointed to the staff of the County Medical Officer and her services seconded to the Federation, the County Medical Officer to have the right to call on her services in an emergency.

The arrangements which will be made between the Council and the Voluntary Organization will be as follows:—

The County Council will pay to the Oxfordshire Nursing Federation the full cost of the service. An agreement embodying these arrangements will be drawn up.

Reciprocal arrangements will be made with other Local Health Authorities.

The Oxfordshire Nursing Federation acting as the agent of the Local Health Authority may employ independent midwives on a part-time basis as occasion requires.

Arrangements for Supervision of Midwives

The County Medical Officer of Health will continue to act as Medical Supervisor of Midwives and the Superintendent Health Visitor as Non-Medical Supervisor of Midwives as hitherto.

Transport

Midwives will continue to be supplied with motor cars, except in small urban areas where motor transport will be supplied as required.

Analgesia

On the appointed day there will be at least 14 midwives trained for the purpose, of whom 11 have already been supplied with the necessary apparatus. Every effort will be made to train further midwives as circumstances permit.

Development Plan PART III

After the appointed day as a result of the reorganization of certain districts there will be employed the equivalent of 23 whole-time midwives, together with the equivalent of 7 whole-time relief midwives, making a total equal to the equivalent of 30 whole-time midwives.

Section 25
Home Nursing

Statistical Data PART I

Area in square miles	...	735	} including Borough of Banbury.
Total mid-1946 population	...	146,390	

Existing Service

The Oxfordshire Nursing Federation provides a domiciliary service (day and night) throughout the County including the Borough of Henley, but excluding Witney where the local District Nursing Association is not affiliated to the Oxfordshire Nursing Federation.

The Oxfordshire Nursing Federation employs the equivalent of 25 whole-time nurses, together with the equivalent of 3½ whole-time relief nurses and a County Superintendent half of whose time may be deemed to be concerned with the nursing service.

The Witney District Nursing Association employs the equivalent of one whole-time nurse.

The total is equal to the equivalent of 29½ whole-time nurses.

PART II

General Administrative Arrangements

The Oxfordshire Nursing Federation will act as the agent of the County Council in providing home nursing service (day and night) throughout the whole County including the Borough of Banbury. The Witney District Nursing Association, which at present provides a nursing service, is not affiliated to the Oxfordshire Nursing Federation, and every endeavour will be made to obtain such affiliation.

As the home nursing service will form an integral part of the Council's health services—

- (1) The home nursing service will be under the general administrative control of the County Medical Officer of Health;
- (2) The County Superintendent Health Visitor will be designated Superintendent Nursing Officer (para. 27 Circular 118/47) to ensure close co-operation between the midwifery, nursing and health visiting services; and
- (3) The Superintendent of the Oxfordshire Nursing Federation will be appointed on to the staff of the County Medical Officer of Health and her services made available to the Federation.

On the appointed day there will be employed the equivalent of $26\frac{1}{2}$ whole-time nurses, together with the equivalent of $3\frac{1}{2}$ whole-time relief nurses, making a total equal to the equivalent of 30 whole-time nurses, together with half the services of the County Superintendent.

The agreement which will be made between the Council and the Voluntary Organization will be as follows:—

The County Council will pay to the Oxfordshire Nursing Federation the full cost of the service. An agreement embodying these arrangements will be drawn up.

No joint arrangements will be made with other Local Health Authorities.

Transport

Nurses will continue to be supplied with motor-cars, except in small urban areas where motor transport will be supplied as required.

Development Plan

PART III

As soon as possible after the appointed day and as personnel becomes available the staff of nurses will be increased from the equivalent of 30 whole-time nurses to the equivalent of 41 whole-time nurses including relief nurses.

Scheme for District Nurses and Midwives in Oxfordshire under the National Health Service Act, 1946

<i>Name of Existing Association</i>	<i>No. of Nurse Midwives to be employed</i>	<i>No. of Nurses—General Nursing</i>	<i>No. of Relief Nurses</i>	<i>Cars</i>	<i>Bicycles</i>	<i>Remarks</i>
WARDINGTON, Chipping Warden, Cropredy, Prescote, Williams-cote, Edgcote, Great and Little Bourton, Hanwell, Mollington, Claydon, Clattercote	1 S.R.N., S.C.M. or Q.N.	—	Relief from Banbury	1	—	—
BANBURY	*2 S.R.N., S.C.M.	2 S.R.N., S.C.M.	2 S.R.N., S.C.M.	4	2	—
BROUGHTON AND BLOXHAM, N. Newington, Balscote, Drayton and Wroxton	1 S.R.N., S.C.M.	—	Reciprocal arrangements with Sibford Ferris	1	—	—
SOUTH NEWINGTON, Barford (St. Michael and St. John), Milcombe, Wiggington, with HOOK NORTON, Swerford and Great Rollright	1 S.R.N., S.C.M.	—	Relief from Chipping Norton	1	—	South Newington and Hook Norton areas to be amalgamated
SIBFORD FERRIS, Shutford, Tadmarton, Sibford Gower, Swalcliffe, Shennington, Alkerton, Epwell, Hornton, Horley	1 S.R.N., S.C.M.	—	Relief from Banbury	1	—	—
ADDERBURY, Milton and Bodicote, with DEDDINGTON, N. Aston, Duns Tew, Clifton, Hempton, Middle and Steeple Aston	1 S.R.N., S.C.M.	—	Relief from Banbury	1	—	Deddington and Adderbury areas to be amalgamated

<i>Name of Existing Association</i>	<i>No. of Nurse Midwives to be employed</i>	<i>No. of Nurses—General Nursing</i>	<i>No. of Relief Nurses</i>	<i>Cars</i>	<i>Bicycles</i>	<i>Remarks</i>
CHIPPING NORTON, Over Norton and Chapel House, with KINGHAM, Bledington, Daylesford, Churchill, Sarsden, Cornwell, Foxcote, Salford, Barton-on-the-Heath, Little Compton, Chastleton, Kitebrook	*1 S.R.N., S.C.M.	1 S.R.N., S.C.M.	1 S.R.N., S.C.M.	3	—	One Midwife and one General Nurse (both S.R.N., S.C.M.) for Chipping Norton and Kingham together
ENSTONE, Great and Little Tew, Fulwell, Heythrop, Ditchley, Lidstone, Cleveley, Radford, Taston, Gagingwell, Dunthrop, with BARTON (Steeple, Middle and Westcote), Sandford St. Martin, Ledwell, Over and Nether Worton	1 S.R.N., S.C.M.	—	Relief from Chipping Norton	1	—	Enstone and Barton districts to be amalgamated
HEYFORD (Upper and Lower), Fritwell, Souldern, Fewcott, Ardley, Somerton, Caulcott, Rousham, Baynards Green, Heyford Aerodrome	1 S.R.N., S.C.M.	—	Relief from Bicester or Heyford and Stratton Audley	1	—	—
STRATTON AUDLEY, Bucknell, Chesterton, Hethe, Newton Purcell, Fringford, Tusmore, Shelswell, Cottisford, Hardwick, Mixbury, Middleton Stoney, Caversfield, Stoke Lyne, Bainton	1 S.R.N., S.C.M.	—	See above	1	—	—
BICESTER, Bicester Aerodrome	*1 S.R.N., S.C.M.	1 S.R.N., S.C.M.	1 S.R.N., S.C.M.	2	1	—

<i>Name of Existing Association</i>	<i>No. of Nurse Midwives to be employed</i>	<i>No. of Nurses—General Nursing</i>	<i>No. of Relief Nurses</i>	<i>Cars</i>	<i>Bicycles</i>	<i>Remarks</i>
SHIPTON-under-WYCHWOOD, Milton-u-Wychwood, Ascott-u- Wychwood, Fifield, Idbury, Bould, Lyneham, Bruern	1 S.R.N., S.C.M.	—	Reciprocal arrangements with Charlbury	1	—	—
CHARLBURY, Finstock, Field- assarts, Ringwood, Langley, War- sash, Asthalleigh, Forwells, Corn- bury Park, Fawler, Ramsden, Chadlington, Spelsbury (part), Dean, Pudlicote, Chilson, Leafield, Wychwood, Wilcote	2 S.R.N., S.C.M.	—	Reciprocal arrangements with Shipton-under- Wychwood	2	—	—
WOOTTON and STONESFIELD, Coombe, Kiddington, Asterleigh, Glympton, Shipton-on-Cherwell, Bunker's Hill, Tackley	1 S.R.N., S.C.M.	—	Relief from Kiddlington	1	—	Tackley added to the Woot- ton area from the Islip area
BLADON AND WOODSTOCK, Blenheim, Hensington Within and Without	1 S.R.N., S.C.M.	—	Relief from Kiddlington	1	—	—
BURFORD and FULBROOK, Shilton, Holwell, Westwell and Bradwell Grove, Widford, Upton and Signett, Swinbrook, Asthall, Warsham, Taynton, Great and Little Barrington	1 Q.N. or S.R.N., S.C.M.	—	1 S.R.N., S.C.M.	2	—	—
ISLIP, Charlton-on-Otmoor, Noke, Murcot, Woodeaton, Oddington, Bletchington, Wendlebury, Kirt- lington, Weston-on-the-Green, Fencot	1 Q.N. or S.R.N., S.C.M.	—	Relief from Kiddlington	1	—	—

<i>Name of Existing Association</i>	<i>No. of Nurse Midwives to be employed</i>	<i>No. of Nurses—General Nursing</i>	<i>No. of Relief Nurses</i>	<i>Cars</i>	<i>Bicycles</i>	<i>Remarks</i>
LAUNTON, Ambrosden, Blackthorne, Piddington, Arncott, Mer-ton	1 S.R.N., S.C.M. or Q.N.	—	Relief from Bicester	1	—	—
KIDLINGTON, Thrupp, Hamp-ton Poyle, Gosford, Water Eaton, Hampton Gay	*1 S.R.N., S.C.M. or Q.N.	1 S.R.N., S.C.M.	1 S.R.N., S.C.M.	2	1	—
HANDBOROUGH (Long and Church), New Yatt, Freeland, Northleigh, East End, Wilcote, with	1 S.R.N., S.C.M. or Q.N.	—	Relief from Oxford or Witney, as required	1	—	Handborough and Eynsham. to be a double area
⁵¹ EYNSHAM, Barnard Gate, Cas-sington, Begbroke, Yarnton, Wor-ton	1 S.R.N., S.C.M. or Q.N.	—	do.	1	—	—
COGGES, Hailey - cum - Crawley, Southleigh, Curbridge, Witney Aerodrome, Minster Lovell and High Cogges	1 S.R.N., S.C.M.	—	—	1	—	—
WITNEY	*2 S.R.N., S.C.M.	1 S.R.N., S.C.M.	1 Relief	2	2	—
STANTON ST. JOHN, Forest Hill, Beckley, Elsfield, Sandhills Estate, Stowood, Horton-cum-Studley	1 S.R.N., S.C.M.	—	Relief from Oxford	1	—	—
WHEATLEY, Horspath, Cuddes-don, Denton, Littleworth, Holton, Waterperry, Shotover (part)	1 S.R.N., S.C.M.	—	Relief from Oxford	1	—	Wheatley district to be amal-gamated with Horspath, Cuddesdon and Denton

<i>Name of Existing Association</i>	<i>No. of Nurse Midwives to be employed</i>	<i>No. of Nurses—General Nursing</i>	<i>No. of Relief Nurses</i>	<i>Cars</i>	<i>Bicycles</i>	<i>Remarks</i>
THAME, Kingsey, Towersey, Moreton, N. Weston, Wainhill, Emmington, Chinnor, Sydenham, Spriggs Alley, Oakeley, Hempton, Waterstock, Adwell, Scotts Grove, Tetsworth, Attington, Tiddington, Wheatfield, Albury, Chilworth, Rycote, Great and Little Haseley, Great and Little Milton	*2 S.R.N., S.C.M.	1 S.R.N., S.C.M.	—	2	1	—
BAMPTON, Brize Norton, Shiford, Aston, Lew, Cote, Chimney, Carterton, with LANGFORD, Kencot, Broadwell, Kelmscott, Grafton, Radcott, Little Faringdon, Filkins, Alvescot, Broughton Poggs, Clanfield, Black Bourton	2 S.R.N., S.C.M.	1 S.R.N., S.C.M.	Relief from Burford	3	—	Bampton and Langford districts to be amalgamated
STANDLAKE, Yelford, Ducklington, Hardwick, Stanton Harcourt, Cokethorpe, Northmoor and Brighthampton	1 S.R.N., S.C.M.	—	Relief from Witney	1	—	—
NUNEHAM COURTENAY and CLIFTON HAMPDEN, Burcote, Long and Little Wittenham, Culham, Marsh Baldon, Toot Baldon, Little Baldon, Sandford-on-Thames, with GARSINGTON	1 Q.N. or S.R.N., S.C.M.	—	Relief from Oxford	1	—	Garsington to be amalgamated with Nuneham Courtenay

<i>Name of Existing Association</i>	<i>No. of Nurse Midwives to be employed</i>	<i>No. of Nurses—General Nursing</i>	<i>No. of Relief Nurses</i>	<i>Cars</i>	<i>Bicycles</i>	<i>Remarks</i>
STADHAMPTON, Dorchester, Shillingford, Brookhampton, Warborough, Drayton St. Leonards, Warpsgrove, Chistlehampton, Newington, Chalgrove, Ascot, Marylands Green	1 Q.N. or S.R.N., S.C.M.	—	Relief from Watlington	1	—	—
LITTLEMORE	1 S.R.N., S.C.M.	1 S.R.N., S.C.M.	Relief from Oxford	—	2	—
WATLINGTON, Cuxham and Easington, Postcombe, Pyrton, Clare, Shirburn, Crowell, Lewknor, Aston Rowant, Stoke Talmage, South Weston and Kingston Blount	1 Q.N. or S.R.N., S.C.M.	—	1 S.R.N., S.C.M.	2	—	—
BENSON, Brightwell Baldwin, Britwell, Ewelme, Berrick, Beggar's Bush Hill, Turner's Court (part), Preston Crowmarsh, Battle Crowmarsh. Benson Aerodrome, Roke, Souldsgrove	1 S.R.N., S.C.M.	—	Relief from Watlington	1	—	—
CHECKENDON, Ipsden, Woodcote, N. Stoke, Mongewell, Newnham Murren, Crowmarsh Gifford, Stoke Row	1 S.R.N., S.C.M.	—	Relief from Henley	1	—	—
NETTLEBED, Highmoor, Rotherfield Greys, Nuffield, Russells Water, Cookley Green, Maidens Grove, Bix, Swyncombe, Pishill Bank and Badgemore	1 S.R.N., S.C.M.	—	Relief from Henley	1	—	—

<i>Name of Existing Association</i>	<i>No. of Nurse Midwives to be employed</i>	<i>No. of Nurses— General Nursing</i>	<i>No. of Relief Nurses</i>	<i>Cars</i>	<i>Bicycles</i>	<i>Remarks</i>
GORING, South Stoke, Grays Pond, Pot Kilns, Gatehampton	1 S.R.N., S.C.M.	—	1 Relief, S.R.N., S.C.M.	2	—	—
SHIPLAKE, Peppard, Harpsden, Dunsden	1 Q.N. or S.R.N., S.C.M.	—	Relief from Henley	1	—	—
KIDMORE END, Tokers Green, Chalkhouse Green, Gallowstree Common, Shiplake Bottom, with WHITCHURCH and MAPLE-DURHAM, Crays Pond (part), Goring Heath, Chazey Heath, Tokers Green (part), Nuney Green, Caversham Height (part)	2 S.R.N., S.C.M.	1 S.R.N., S.C.M.	Relief from Goring	3	—	Kidmore End and Whitchurch to be amalgamated
MARSTON and Risinghurst Estate, Headington Quarry	1 S.R.N., S.C.M.	—	Relief from Oxford	1	—	—
HENLEY-on-THAMES	*1 S.R.N., S.C.M.	1 S.R.N., S.C.M.	2 S.R.N., S.C.M.	2	2	—

3 Relief Nurses (S.R.N., S.C.M.) required in the environs of Oxford.

* These will normally devote most of their time to midwifery.

Those district nurse midwives who hold an appointment on the appointed day and are not S.R.N. will continue to be employed, but as vacancies occur they will be replaced by S.R.N., S.C.M. nurses wherever possible.

All relief nurses will undertake midwifery and/or nursing duties as required.

Section 24

Health Visiting

	PART I			<i>Oxfordshire</i>	<i>Banbury</i> (At present a separate Welfare Authority)
<i>Statistical Data</i>					
Area in square miles	...	...	...	727	8
Mid-1946 population	...	...	...	129,620	16,770
Number of births in 1946	...	...	...	2669	391

Existing Service—Oxfordshire

The Authority provides a staff of 24 health visitors (who are also school nurses) under the direction of a Superintendent Health Visitor for domiciliary work, including visiting and advising expectant and nursing mothers and children under five, child life protection work, attendance at infant welfare centres and tuberculosis dispensaries and acting as tuberculosis visitors, visiting of the blind and supervising foster homes.

All health visitors are officers of the County Council and none is appointed through other agencies.

Existing Service—Banbury

The Authority provides a staff of three health visitors, who are also school nurses. Their duties are similar to those set out above except that they do not visit the blind, this work being carried out by the County Council's health visitors.

All health visitors are officers of the Borough Council and none is appointed through other agencies.

PART II

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY

General Administrative Arrangements

(1) As the maternity and child welfare services of the Borough of Banbury will pass to the County Council on the appointed day, the health visitors of Banbury will become officers of the County Council and will work under the direction of the County Superintendent Health Visitor. The health visiting service as a whole will be under the administrative control of the County Medical Officer of Health. In addition to their present duties the health visitors will advise all members of a household in connection with the prevention of illness, and care and after-care in co-operation with the hospital almoners and the care committees dealing with the tuberculous and the blind.

(2) The health visiting staff will consist of:—

one superintendent health visitor,
one senior health visitor,
one relief health visitor, and
25 district health visitors,

all of whom will be employed whole-time by the County Council, but will devote approximately half of their time to school nursing. Thus, excluding the superintendent health visitor, the number of health visitors who will be employed in terms of whole-time officers will be 13½.

(3) No health visitors will be employed through other agencies.

(4) There will be no joint arrangements with other Local Health Authorities, but the close co-operation which exists between the health visiting staffs of the County and City Councils will, of course, continue.

Transport

No special arrangements will be made for transport as all health visitors use motor-cars except in a few of the built-up areas of the County.

PART III

Development Plan

In order to provide for the carrying out of the new duties which will be required of the health visitors, the County Council proposes to increase the health visiting staff by six whole-time officers as soon as trained personnel is available. This will enable the present districts worked by the health visitors to be made smaller and will provide for additional staff in the Borough of Banbury.

Section 26

Immunization and Vaccination

PART I

(1) Total mid-1946 population 146,390. Mid-1945, 146,590.

(2) Mid-1946 child population

(a) Under 5, 12,070

(b) Aged 5—15, 20,830.

(3) Number of live births

(a) 1945, 2768.

(b) 1946, 3062.

(4) Estimated percentage of mid-1946 child population who had been immunized against diphtheria up to the 31st December 1946.

(a) Under 5, 76 per cent.

(b) Aged 5—15, 81 per cent.

(5) Estimate of the number of vaccinations against smallpox and immunizations against diphtheria of children 0—15 years, which are likely to be undertaken in the year ending 31st March, 1949,

Primary vaccinations, 1245.

Primary immunizations, 2560

PART II

DIPHTHERIA IMMUNIZATION

A. Children under 5

(a) The present arrangements will be continued and developed, i.e. immunization for all infants at or about their first birthday will be available at all the infant welfare centres by the medical officer of the centre (54), and also by private practitioners in the infants' homes or at the practitioners' surgeries.

(b) Sessional arrangements will be made wherever required, but generally immunization will be available at all infant welfare sessions when the medical officer is in attendance, and in all schools during medical inspection and follow-up sessions, i.e. twice a year at each school.

The Council will ensure that sessions are held with sufficient frequency and at such hours as will meet local requirements without delay or difficulty for those wishing to take advantage of them.

(c) The Health Visitors, who are also School Nurses, make a special point of advising on the value of immunization in the course of their routine infant visits and at the infant welfare sessions, and make special visits to all children at or about their first birthday giving advice and appropriate literature, and arranging for immunization to be done at the centre or by the private practitioner.

The County Midwives, who work in association with the Health Visitors, particularly at the infant welfare centres, also give similar advice and instruction. The co-operation of the teachers is also available through the close association between them and the School Nurses on their official duties.

(d) Notices in the local press throughout the County drawing attention to the value of immunization and the facilities which are available.

Health Visitors will continue to give talks at infant welfare centres, in which the value of immunization will form part of the instruction given.

The County Welfare Exhibition (in which there is a section dealing with diphtheria immunization) will continue to be available at infant welfare centres, Women's Institutes and other public meetings, etc.

(e) The Council will maintain active and sustained health education about the need for immunization, and will make use of all available means to this end, including publicity material issued centrally by or in co-operation with the Ministry of Health.

B. Children of School Age

Boosting doses for those children previously immunized and immunization of those not previously done will continue to be available at all schools in the County, and now that the Local Health Authority is the responsible Authority these facilities will be developed.

(a) The Council will make sessional arrangements for immunization to be carried out at schools, and at such other centres (in conjunction, where appropriate, with arrangements for immunizing children under school age also) as may be necessary. The same arrangements as for children under 5 will apply to children of school age as regards individual immunization by general practitioners taking part in the Council's scheme.

(b) The Council will make such sessional arrangements at schools or other centres as shall be adequate to meet local needs and to cause as little delay as possible after immunization has been asked for by the parents.

(c) The Council will expressly urge, in particular, school teachers and persons engaged in school medical service, as well as others whose duties afford them appropriate opportunity, to encourage immunization.

(d) Measures similar to those taken by the Council with regard to informing and advising the public about immunization, as referred to above in the proposals concerning children under 5, will be applied as regards children of school age.

C. Records and Payments of Fees

Medical Officers and general practitioners taking part in the Authority's arrangements will be required to furnish particulars to the Authority, for record purposes, in such form as may be recommended by the Ministry, and the Local Health Authority will pay to medical practitioners such fees as will be laid down by the Minister of Health after consultation with the representatives of the profession.

D. Medical Arrangements

The Council will give an opportunity to every practitioner providing general services in their area under Part IV of the Act to provide services also under their arrangements for diphtheria immunization. This opportunity will also be given to general practitioners who do not intend to provide services under Part IV.

The Council will make all necessary use of the services of its own Medical Officers in administering its arrangements and in the carrying out of immunization at clinics or other centres. (By arrangements with the Authorities of County Districts it will also have recourse to the services of district Medical Officers of Health in the same way in so far as they may be necessary to maintain an adequate and satisfactory immunization service in every part of the Council's area.)

SMALLPOX

A. Infant Vaccination

Arrangements will be made for vaccination to be performed by general practitioners taking part in the Authority's arrangements either in the house or surgery, and by the medical officers at infant welfare centres.

Vaccination of infants at infant welfare centres will be held on a sessional basis as required.

Measures for the encouragement of vaccination, steps to keep the facilities for vaccination before the public and propaganda will conform to the arrangements as for diphtheria immunization, as stated in Diphtheria Immunization A (c) (d) and (e) above.

B. Records and Payments of Fees

The same arrangements will apply as in the case of Diphtheria Immunization.

C. Arrangements in the event of an Outbreak of Smallpox

In the event of a large emergency for public vaccination and re-vaccination arrangements will be made to hold special sessions in schools, clinics or other appropriate buildings, to be staffed by general practitioners in the area assisted by the County Health Department staff, e.g. Medical Officers, Health Visitors and School Nurses and clerks, and the District Medical Officer of Health of the area concerned in co-operation with the Public Health Laboratory. The Council will also arrange for the public to be advised about vaccination (or re-vaccination), as a precaution and to be fully informed of all the services available, including the services of the family doctor.

D. Medical Arrangements

The same arrangements will apply as referred to under Diphtheria Immunization.

Section 27 **Ambulance Services**

PART I

(1) Mid-1946 population 146,390; mid-1945, 146,590.

(2) 735 square miles.

(3) *Existing Ambulance Service*—(*General and Infectious Disease Service*).

A. Banbury S.J.A.B.

(1) Austin 24—2 stretchers.

(2) Austin 27—4 stretchers (ex-military).

(3) Austin 27—4 stretchers (ex-military).*

Stationed at St. John Headquarters, Banbury. Tel. Banbury 2983.
No sitting-case cars.

Administration. St. John local organization.

Staff. 4 whole-time paid drivers, 18 voluntary drivers and a rota of 45 voluntary attendants.

Serviced and Maintained by local garage with priority of service.

Area Served. The north of the County including adjacent parts of Warwickshire and Northamptonshire, and linking up with ambulances stationed at Chipping Norton, Barton, Bicester and Brackley (Northants).

1946, Calls 1300. Mileage 19,400.

*To be replaced as soon as possible.

B. *Barton S.J.A.B.*

(4) Austin 24—4 stretchers (ex-military).

Stationed in Barton village. Tel. Steeple Aston 283.

No sitting-case cars.

Administration. St. John local organization.

Staff. 12 voluntary drivers and 30 voluntary attendants.

Serviced and Maintained by local garage with priority of service.

Area Served. Area of County around Barton, linking up with ambulances stationed at Chipping Norton, Woodstock, Kidlington and Bicester.

1946, Calls 45. Mileage, 2230.

C. *Charlbury S.J.A.B.*

(5) Austin 24—4 stretchers (ex-military).

Stationed at Charlbury. Tel. Charlbury 82.

No sitting-case cars.

Administration. St. John local organization.

Staff. 4 voluntary drivers and 8 voluntary attendants.

Serviced and Maintained by local garage with priority of service.

Area Served. Charlbury and surrounding district linking up with ambulances stationed at Chipping Norton, Witney, Woodstock, Kidlington and Barton.

1946, Calls 60. Mileage 2000.

D. *Kidlington S.J.A.B.*

(6) Austin 24—4 stretchers (ex-military).

Stationed in Kidlington. Tel. Kidlington 197.

No sitting-case cars.

Administration. St. John local organization.

Staff. 8 voluntary drivers and 12 voluntary attendants.

Serviced and Maintained at local garage with priority of service.

Area Served. Kidlington and surrounding district linking up with ambulances stationed at Bicester, Woodstock, Barton and Oxford (Oxford City).

1946, Calls 120. Mileage 2000.

E. *Watlington S.J.A.B.*

(7) Vauxhall 25—2 stretchers.

Stationed in Watlington. Tel. Watlington 56.

No sitting-case cars.

Administration. St. John local organization.

Staff. 1 part-time paid driver and 3 voluntary drivers.

Serviced and Maintained at local garage with priority of service.

Area Served. Watlington and surrounding district linking up with ambulances stationed at Thame, Henley and Wallingford (Berkshire).

1946, Calls 190. Mileage 5400.

- F. Wychwood S.J.A.B.*
 (8) Commer 15—2 stretchers (ex-military).
 Stationed in Milton-u-Wychwood. Tel. Shipton-u-Wychwood 215.
 No sitting-case cars.
Administration. St. John local organization.
Staff. 1 paid part-time driver and 1 voluntary driver.
Serviced and Maintained at local garage with priority of service.
Area Served. Wychwood and surrounding district linking up with ambulances stationed at Chipping Norton, Charlbury and Witney.
 New ambulance station commencing 1947.
- G. Woodstock S.J.A.B.*
 (9) Austin 16—2 stretchers.
 Stationed in Woodstock. Tel. Woodstock 246.
 No sitting-case cars.
Administration. St. John local organization.
Staff. 4 part-time drivers (voluntary).
Serviced and Maintained at local garage with priority of service.
Area Served. Woodstock and surrounding district linking up with ambulances stationed at Witney, Charlbury, Kidlington and Oxford (Oxford City).
 1946, Calls 90. Mileage 1700.
- H. Chipping Norton Hospital Committee.*
 (10) Ford V.8—4 stretchers (American type).
 Stationed at Young and Major's Garage, Chipping Norton.
 Tel. Chipping Norton 14 (night 134).
 No sitting-case cars.
Administration. Hospital Committee.
Staff. 3 part-time paid drivers and 9 voluntary attendants.
Serviced and Maintained at local garage with priority of service.
Area Served. Chipping Norton and surrounding district linking up with ambulances stationed at Banbury, Barton and Charlbury.
 1946, Calls 220. Mileage 7300.
- I. Henley-on-Thames Hospital Committee.*
 (11) Austin 20—2 stretchers (new ambulance on order).
 Stationed at Messrs. Brakspear's Brewery, Henley. Tel. Henley-on-Thames 231.
 No sitting-case cars.
Administration. Hospital Committee.
Staff. 2 drivers paid part-time and 2 attendants paid part-time.
Serviced and Maintained locally with priority of service.
Area Served. Henley and surrounding district linking up with ambulances stationed at Watlington, Wallingford (Berkshire) and Reading (Reading County Borough).
 1946, Calls 238. Mileage 4700.

- J. Thame* (Local Authority).
 (12) Morris 25—2 stretchers.
 Stationed in Thame. Tel. Thame 123.
 No sitting-case cars.
Administration. Thame Urban District Council.
Staff. 2 part-time paid drivers and 1 part-time paid attendant.
Serviced and Maintained at local garage with priority of service.
Area Served. Thame and surrounding district including parts of Buckinghamshire, linking up with ambulances stationed at Watlington and Oxford (Oxford City).
 1946, Calls 230. Mileage 6250.
- K. Witney* (Local Authority).
 (13) Morris 25—2 stretchers.
 (14) Vauxhall 20—2 stretchers (ex-A.R.P.).*
 Stationed in Witney. Tel. Witney 194.
 No sitting-case cars.
Administration. Witney Urban District Council.
Staff. 1 whole-time paid driver, 1 part-time paid driver and 5 part-time paid attendants.
Serviced and Maintained at local garage with priority of service.
Area Served. Witney Urban and Rural Districts linking up with ambulances stationed at Charlbury, Woodstock and Oxford (Oxford City).
 1946, Calls 290. Mileage 9650.
 * To be replaced by new ambulance.
- L. Bicester* (Local Authority).
 (15) Morris 25—2 stretchers.
 Stationed in Bicester, Surveyor's Yard. Tel. Bicester 49.
 No sitting-case cars.
Administration. Bicester and Ploughley Joint Ambulance Committee.
Staff. 2 part-time paid drivers.
Serviced and Maintained locally with priority of service.
Area served. Bicester and surrounding district linking up with ambulances stationed at Kidlington, Oxford (Oxford City), Buckingham (Buckinghamshire) and Brackley (Northants).
 1946, Calls 200. Mileage 6000.
- M. Banbury Infectious Diseases Hospital* (Local Authority).
 (16) Austin 24—2 stretchers.
 This ambulance is 13 years old and is considered unreliable for further use.
 (17) Chevrolet 30—2 stretchers (loaned by Banbury S.J.A.B.).
 Stationed at the Isolation Hospital, Banbury. Tel. Banbury 2636.
Administration. Banbury Borough Council.

Staff. 1 part-time paid driver and nurse attendants as required from the hospital.

Serviced and Maintained by Borough Highways Department.

Area Served. Borough of Banbury and Banbury Rural District.
1946, Calls 100. Mileage 2600.

N. Henley Smith Infectious Diseases Hospital (Local Authority).

(18) Albion 25—4 stretchers (ex-military).

Stationed at Smith Isolation Hospital, Henley. Tel. Henley-on-Thames 73.

Administration. Local Authority Committee.

Staff. 1 part-time paid driver and nurse attendants from the hospital as required.

Serviced and Maintained at local garage with priority of service.

Area Served. Henley Urban and Rural Districts and parts of Buckinghamshire.

1946, Calls 50. Mileage 1000.

O. Cases of infectious diseases from the remaining parts of the County are dealt with at present as follows:—

(a) Chipping Norton Urban and Rural Districts and Witney Urban and Rural Districts to Abingdon Isolation Hospital.

(b) Bicester Urban District and Ploughley Rural District to Oxford City Isolation Hospital.

(c) Thame Urban District and Bullingdon Rural District to Wallingford Isolation Hospital.

In all these cases the patients are transferred to hospital by ambulances stationed at the several hospitals.

P. Whitelands Smallpox Hospital, Pishill, Henley. Tel. Turville Heath 20.

A trailer accommodating one stretcher is provided and this will not be used in future.

(4) *Sitting-Case Car Service. Present Position.*

At the present time, 1947, a sitting-case car service is in operation under the Hospital Car Service. In 1946 some 156 drivers made 3300 journeys of a total mileage of 112,300.

PART II

(1) *Ambulance Service (General). Appointed Day*

By arrangement with the Regional Hospital Board the County Council will take over the ambulances at Chipping Norton and Henley (Part 1, para. 3 H. 10 and I. 11), and by arrangement with the Local Authorities concerned the ambulances at Thame, Witney and Bicester (Part I, para. 3 J. 12, K. 13 and 14, and L. 15). These, together with the ambulances already under the St. John jurisdiction (Part I, para. 3 A. 1, 2 and 3, B. 4, C. 5, D. 6, E. 7, F. 8 and G. 9), will be run by that organization as agents of the County Council.

The St. John Organization has undertaken to run a 24-hour service, to provide new garage accommodation where required and to be responsible for the maintenance of vehicles and the provision of the necessary personnel, both central and local, including paid whole-time and part-time and voluntary drivers and attendants as required together with the necessary administrative staff.

The new staffing arrangements are as follows:—

Banbury (Part I. A. 1, 2 and 3).

Administrative Staff	the equivalent of one whole-time officer.
Drivers	8 whole-time.
Attendants	45 voluntary.

Barton (Part I. B. 4).

Administrative Staff	local S.J.A.B. officers (voluntary).
Drivers	10 voluntary.
Attendants	16 voluntary.

Charlbury (Part I. C. 5).

Administrative Staff	local S.J.A.B. officers (voluntary).
Drivers	5 voluntary and 1 paid part-time on a journey basis.
Attendants	10 voluntary.

Kidlington (Part I. D. 6).

Administrative Staff	local S.J.A.B. officers (voluntary).
Drivers	6 voluntary and 5 part-time (paid on journey basis).
Attendants	14 voluntary.

Watlington (Part I. E. 7).

Administrative Staff	local S.J.A.B. officers (voluntary).
Drivers	3 paid part-time on journey basis.
Attendants	2 paid part-time on journey basis.

Wychwood (Part I. F. 8).

Administrative Staff	local S.J.A.B. officers (voluntary).
Drivers	2 paid part-time on journey basis.
Attendants	several voluntary.

Woodstock (Part I. G. 9).

Administrative Staff	local S.J.A.B. officers (voluntary).
Drivers	1 paid whole-time and 8 part-time paid on journey basis.
Attendants	4 part-time paid on journey basis.

Chipping Norton (Part I. H. 10).

Administrative Staff	local S.J.A.B. officers (voluntary).
Drivers	equivalent of 2 paid whole-time.
Attendants	equivalent of 2 paid whole-time.

Henley-on-Thames (Part I. I. 11).

To be garaged at Henley War Memorial Hospital, *not* as in Part I.

Administrative Staff	local S.J.A.B. officers (voluntary).
Drivers	equivalent of 2 paid whole-time.
Attendants	equivalent of 2 paid whole-time.

Thame (Part I. J. 12).

Administrative Staff	1 paid part-time.
Drivers	equivalent of 2 paid whole-time.
Attendants	equivalent of 2 paid whole-time.

Witney (Part I. K. 13 and 14).

Administrative Staff	1 paid part-time.
Drivers	3 paid whole-time and 9 part-time paid on journey basis as required.
Attendants	members of local division S.J.A.B. paid on a journey basis.

Bicester (Part I. L. 15).

Administrative Staff	local S.J.A.B. officers (voluntary).
Drivers	equivalent of 2 paid whole-time.
Attendants	equivalent of 2 paid part-time.

The Council will make arrangements for securing that, as far as possible (i) all ambulance drivers and attendants shall hold the first-aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association or such other first-aid qualification as may be approved or prescribed by the Minister of Health; (ii) all whole-time drivers and attendants shall be so trained as to be interchangeable in their duties.

The service will provide for mutual assistance between ambulances stationed within the County and with ambulances stationed outside the County, e.g. Brackley, Buckingham and Aylesbury. By arrangement with the Reading Borough Council and the Berkshire County Council ambulances stationed at Reading, Wallingford, Abingdon and Faringdon will serve the southern fringes of the County as hitherto, and Oxford City ambulances will serve the environs of Oxford, particularly on the north and east sides.

There will be close co-operation and mutual aid between the City and County services, both of which will be run by the same Organization (St. John).

The scheme makes provision for one new ambulance as a replacement at Banbury and one as a replacement at Witney in the first year (1948-49). Temporary replacements of ambulances needed as a result of breakdowns and repairs, etc., will be provided from the St. John Organization central pool in the City of Oxford, payment for which will be made by an annual grant.

(2) *Ambulance Service (Infectious Diseases). Appointed Day*

It is considered that ambulances used for general purposes should not also be used for infectious diseases, and that ambulances for infectious diseases should be based on the infectious disease hospitals.

The County Council will, therefore, take over and maintain the present ambulance at Banbury Isolation Hospital, Austin 24, by arrangement with the Regional Hospital Board.

Arrangement will be made with the Regional Hospital Board for the garaging and staffing of the ambulance at the Smith Isolation Hospital, Henley (Part I, para. 3, N. 18), the County Council being responsible for the maintenance of the ambulance.

The arrangements shown in Part I, para. 3, O (a), (b) and (c) will continue by agreement with the Berkshire County Council and the Oxford City Council.

In addition cases of smallpox will be conveyed by the ambulance stationed at the Smith Isolation Hospital, Henley, and also by the ambulances stationed at Oxford and Reading Isolation Hospitals by agreement.

(3) *Sitting-Case Car Service. Appointed Day*

If the Hospital Car Service scheme should continue some 57 drivers have expressed their willingness to participate. These drivers will not be able to cover the County adequately and will be supplemented by car hire service as occasion requires, and, if necessary by the direct provision by the Council or the St. John Organization, of sitting-case cars, thus ensuring an adequate service for the whole County.

It is understood that the Hospital Car Service organization will operate unchanged and that the service will continue to provide transport at 48 hours' notice as hitherto.

Should the Hospital Car Service not continue as such, the service of voluntary drivers will be used directly.

(4) *Conveyance of Patients by railway*

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

(5) *Call out arrangements*

The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County informed of the action to be taken to call an ambulance.

(6) *Development Plan*

In order to provide adequately for the conveyance, where necessary, at any time of the day or night of persons suffering from illness (as

defined in Section 79 (1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County to places in or outside the County and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the Service will comprise a total of 17 to 21 ambulances, not more than 6 sitting-case cars together with the Hospital Car Service and supplemented, if necessary, by car hire arrangements.

The requirements of the ambulance service will be kept under constant review, and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances and sitting-case cars. If necessary, not more than 20 additional whole-time driver-attendants or their equivalent in part-time staff will be engaged. Any such increases in the total establishment of vehicles and staff as may be effected under this Development Plan will be deployed at such of the stations as the needs of the service may require. Such temporary redistribution of vehicles and staff between the stations will be made as may from time to time be deemed necessary to ensure the most effective use of the authority's ambulance resources.

Section 28

Prevention of Illness, Care and After-Care

PART I

A. TUBERCULOSIS

(1) Workshops and Settlements

A survey of employment and unemployment in respect of cases on the register has recently been carried out, and there is no indication that workshop provision is required.

The County is not large enough to consider the provision of a village settlement scheme.

(2) Night Sanatoria

There are no large industrial undertakings within the area of the Local Health Authority, which would contemplate employing sufficient numbers of tuberculous patients to warrant consideration of a night sanatorium.

(3) Care Committee

For many years the Oxfordshire Care Committee, a branch of the National Association for the Prevention of Tuberculosis, has carried out the following work in the County of Oxford—

Supplying and lending beds and bedding to enable a patient to sleep alone, providing nursing requisites and sputum flasks, helping the family to find better housing accommodation, making arrangements for boarding out with relatives or otherwise children of infected parents, provision of extra nourishment and clothing, etc., and assisting patients

and dependants to obtain financial support to which they are statutorily entitled, or through voluntary organizations.

The Local Health Authority has agreed with the Oxfordshire Care Committee for that Committee to continue to function as their agents for this service. No special form of decentralization in this service is considered necessary, as all Local Sanitary Authorities in the County and the Ministry of Labour and National Service are represented on the Committee, and Care Committee 'almoners' in various districts assist in any local problems referred to them.

(4) *Return to Employment*

The Local Health Authority will continue to employ a Rehabilitation Officer, who as in the past will be a liaison officer between the patient, the tuberculosis physician, the Ministry of Labour and National Service, the Care Committee and the Local Health Authority.

(5) *Integration with Other Parts of the National Health Service*

The Local Health Authority considers that as in the past the 'dispensary' or 'chest clinic' should continue to be the focal point around which all aspects of tuberculosis work centre. The Local Health Authority will make joint appointments with the Regional Hospital Board of tuberculosis physicians serving dispensaries or chest clinics so that these officers may advise the Local Health Authority and in particular the Care Committee on all matters affecting the tuberculous patient.

Health Visitors employed by the Local Health Authority will continue to act as tuberculosis visitors and attend dispensaries.

The home nursing service will be available for the tuberculous patient as for other sick persons.

As in the past there will continue to be direct contact between the tuberculosis physician and Care Committee, and the District Medical Officer of Health.

B. MENTAL ILLNESS AND MENTAL DEFICIENCY

The Local Health Authority's proposals in connection with this service have been submitted under Section 51. Care and after-care will be provided by the Council's mental welfare officers and the health visitors.

C. OTHER TYPES OF ILLNESS

(1) *Venereal Diseases*

The Health Visitors will continue to work in close co-operation with the almoners at the special clinics in connection with care and after-care of persons under treatment for venereal diseases.

(2) *Other Illnesses Generally*

The Local Health Authority will seek to develop arrangements for affording to persons discharged from hospital and to invalids generally

all necessary care and after-care (other than by way of such provision as falls to be made by the Authority under the provisions of Part III of the National Assistance Act).

Arrangements for the prevention of illness, care and after-care except in the case of tuberculosis, which will be undertaken by the Voluntary Association Care Committee, will be under the administrative control of the County Medical Officer of Health.

Health Education

In connection with this matter the Local Health Authority will continue to use the services and literature of the Central Council for Health Education. As in the past advice on diphtheria immunization and vaccination will be given through the medium of the local press, and lectures on matters connected with health and disease prevention will be given by selected practitioners and by medical and lay members of the Health Department staff.

The Health Department's travelling exhibition dealing with infant care, mothercraft, clothing, food, prevention of accidents, etc., will continue to be used for demonstrations at infant welfare centres and on other appropriate occasions.

D. PROVISION OF NURSING EQUIPMENT AND APPARATUS

The Local Health Authority, with the co-operation of voluntary organizations, will arrange to provide, within reasonable and practicable limits, nursing equipment and apparatus for patients who are being nursed, or confined, at home. The British Red Cross Society and the St. John Ambulance Brigade at present have 18 depots in the County, together with one in Oxford City (B.R.C.S.), which serves the environs of Oxford, and the B.R.C.S. propose to open a depot at Witney as soon as possible.

**Sections 28 and 51
Mental Health Services**

Statistical Data PART I

Population mid-1946—146,390.

(a) Number of patients at present chargeable to the Council under the Lunacy and Mental Treatment Acts—

(i) Lunacy Acts	...	...	...	...	372
(ii) Mental Treatment Acts	...	...	...	...	38

(b) Number of patients dealt with under these Acts by the Relieving Officers during 1946—

(i) Lunacy Acts	...	...	...	...	64
(ii) Mental Treatment Acts	...	...	...	...	60

(c) Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts during 1946—15.

(d) Number of persons reported to the Council as mentally defective during 1946—31.

PART II

PROPOSALS

A. General

1. In order to carry out the following duties the Local Health Authority will set up a Mental Health Sub-Committee, which will be a Sub-Committee of the Health Committee.

- (a) the duty of providing duly authorized officers to take initial proceedings in providing care and treatment for persons suffering from mental illness.
- (b) the duty of ascertaining what persons in the area are defectives; providing suitable supervision or taking steps to secure that defectives are placed under institutional care or guardianship; and securing training or occupation for those not in institutions.
- (c) the duty of making arrangements for the care and after-care of persons suffering from mental illness or defectiveness.

The County Medical Officer of Health will be responsible to the Mental Health Sub-Committee for the administrative control of the service, and he will also advise the Mental Health Sub-Committee on mental health matters and undertake the medical supervision of the mental welfare officers.

The County Medical Officer of Health will continue to act as an approved medical practitioner for the purpose of giving certificates of mental defect. He will have the assistance of medical officers of the Mental Hospital as occasion requires, by arrangement between the Mental Health Sub-Committee and the Regional Hospital Board and/or Management Committee.

Three Assistant County School Medical Officers are approved by the Ministry of Education under the Handicapped Pupils Regulations (educationally sub-normal children) for the purpose of giving certificates of mental defect, and will assist the County Medical Officer in this branch of the work so far as children of school age are concerned.

B. Medical

2. The Local Health Authority will not employ any medical officer whole-time for the purpose of the mental health services. The County Medical Officer of Health will be a part-time medical officer and will be assisted by the medical officers of the Mental Hospital as required, by agreement with the Regional Hospital Board and/or the Management Committee of the Hospital.

Although not employed by the Health Committee the following officers of the Education Committee:

- 1 Assistant School Medical Officer (whole-time),
- 2 Assistant School Medical Officers (part-time),
- 1 Child Psychiatrist (part-time),

will co-operate with the County Medical Officer of Health, who is also School Medical Officer, so far as children of school age are concerned.

C. Non-Medical

3. The Committee will continue to employ a woman mental health

visitor (whole-time), who will be designated a mental welfare officer, for the purposes of ascertainment of defectives, care and after-care and training in the home, and also for the supervision of defectives on licence as hitherto.

A male mental welfare officer will be appointed, preferably an ex-relieving officer, for similar work on the male side. This officer, who will already be experienced in the mental health work, will be trained in mental deficiency work.

There will be close co-operation between the welfare workers of the Committee and those of the Mental Hospital and mental deficiency institutions.

4. Certain officers of the lay staff of the Mental Hospital, by agreement with the Regional Hospital Board and Management Committee of the Mental Hospital, will be designated as duly authorized officers, who will be available day and night at the request of medical practitioners and others for the purpose, in grave emergency only, of initiating proceedings in providing care and treatment for persons suffering from mental illness. They will be accompanied by male or female mental nurses.

The Local Health Authority will in the light of experience appoint further duly authorized officers as occasion requires.

The Local Health Authority's mental welfare officers will be appointed as duly authorized officers for the purpose of initiating proceedings for providing care and treatment of persons suffering from mental illness of a non-urgent nature. They will also make preliminary enquiries and investigations in connection with such cases and be responsible for preventive work and after-care.

5. As the Mental Hospital is situate in the centre of the County and the longest journey would be some 25 miles, the transport for the officers and patient will be by motor car owned by the Management Committee and stationed at the Hospital; where, as in a minority of cases, an ambulance is required, this would be obtained from the central depot of the Oxford City Ambulance service, by arrangement with that Authority.

By arrangement a medical officer from the Mental Hospital will also be available for consultation with general medical practitioners wherever required in the homes of the patients.

6. The appropriate proportion of the salaries of duly authorized officers, mental nurses and car transport will be charged to the Local Health Authority.

7. The Local Health Authority will use the services of its mental welfare officers for the purpose of giving training in the home.

It is proposed to set up an occupation centre in Banbury as soon as premises and personnel become available, and two persons will be employed in connection therewith. Occupation centres will be set up in other parts of the County in the light of experience.

The Local Health Authority will continue to use places in the Oxford City occupation centre by agreement with that Authority.

No work will be delegated to Voluntary organizations.

The City and County mental health services will continue to work in close co-operation as hitherto, e.g., the Mental Welfare Officers of the two Authorities have been approved as Officers for *both* Authorities for work under the Mental Deficiency Acts.

D. Ambulance Service

The county ambulance service will be available at all times, and the necessary car and ambulance service will be available at the centre, i.e. Littlemore Mental Hospital and the Oxford City ambulance depot, for the use of the duly authorized officers, etc., based on the Mental Hospital.

Section 29
Domestic Help

PART I

<i>Statistical Data</i>					<i>Oxfordshire</i>	<i>Banbury</i>
Area in square miles	...	...	...	...	727	8
Population mid-1946	...	...	...	...	129,620	16,770

Existing Service—Oxfordshire

The Local Health Authority does not supply home or domestic help on a whole or part-time basis. Experience has shown that good neighbourliness still exists in the County and voluntary help is frequently forthcoming.

Where such help is not available help is frequently found by friends, health visitors, district nurses, etc., and the Local Health Authority pays for such help at rates current in the district and receives from recipients according to their means.

By arrangement with the Oxford City Council domestic help is available from members of the City domestic help service for County residents in the environs of Oxford. The recipients of such help pay according to their means.

Existing Service—Banbury

There is no scheme for home help.

General Arrangements PART II

The Local Health Authority does not propose to set up an *ad hoc* domestic help service on the appointed day, but will continue the present arrangements as set out in Part I above and including the Borough of Banbury.

Joint arrangements will continue with the City of Oxford for the provision of domestic help in the environs of the City.

Development Plan PART III

The needs of the area will be kept under constant review and dealt with in the light of experience, special consideration being given to the larger urban areas.

RURAL HOUSING RETURN FOR THE YEAR 1948
Housing Act, 1936

<i>Rural Housing Survey</i>		<i>Banbury</i>	<i>Bulling- don</i>	<i>Chipping Norton</i>	<i>Henley</i>	<i>Ploughley</i>	<i>Witney</i>	<i>Totals</i>
Estimated No. of houses to be inspected up to £20 rateable value		3687	6442	3911	3476	3697	4747	25960
1948. No. of houses inspected per quarter: Jan.—March quarter ...		21	180	Note*	184	nil	113	498
April—June		112	117	—	207	nil	75	511
July—Sept.		187	80	—	83	493	120	963
Oct.—Dec.		66	148	—	124	112	108	558
Total No. of houses inspected during 1948 ...		386	525	—	598	605	416	2530
" " inspected during 1947 ...		493	939	1133	149	9	457	3180
" " inspected since commencement of Survey (Mid 1945) ...		1556	2937	3911	2916	1468	2611	15399
" " remaining to be inspected ...		2131	3505	—	560	2229	2136	10561
<i>Classification of houses inspected:</i>								
1. Houses satisfactory in all respects ...		175	11003	34762	191124	38311	21750	284125
2. Houses with minor defects ...		365	697	241467	371079	37644	44152	64404
3. †Houses requiring repair, structural alteration or improvement		807	876	291282	32674	23324	211408	545371
4. †As in 3, but suitable for reconditioning under Housing (Rural Works) Acts ...								
5. Houses unfit for habitation and beyond repair at reasonable expense ...		209	13	400	39	189	301	1499

* Chipping Norton Survey completed October, 1947

† Combined owing to lapse of Housing (Rural Workers) Acts

% Are approximate

<i>Existence of Overcrowding, Housing Act, 1936</i>						<i>Banbury</i>	<i>Bulling- don</i>	<i>Chipping Norton</i>	<i>Henley</i>	<i>Ploughley</i>	<i>Witney</i>	<i>Totals</i>
No. of cases known	...	...	...	...	...	82	61	72	60	1	53	329
No. abated ...	...	...	...	...	...	17	33	24	18		7	99
Total No. outstanding	...	...	...	...	...	65	28	48	42	1	46	230
<i>Action by L.A. under Housing Act, 1936</i>												
<i>Sec. 9. (Repair of insanitary houses):—</i>												
No. of notices served from 1.1.48	...	...	...	...	...	34		24	23	30	3	114
„ „ complied with	...	...	...	...	...	20		23	25	12	3	83
„ „ outstanding (including and prior to 1.1.48)	...	...	...	...	...	9		9	18	24		60
<i>Sec. 11 (Demolition of insanitary houses):—</i>												
No. of demolition orders from 1.1.48	...	...	...	...	...		12			12		24
„ houses demolished	...	...	...	...	...				14	3		17
„ „ made fit...	...	...	...	...	...							
„ „ acquired by L.A.	...	...	...	...	...							
„ demolition orders outstanding (including and prior to 1.1.48)	...	...	...	...	...		58		17	12		87
<i>Sec. 12 (Closing orders on part of a building):</i>												
No. of closing orders made from 1.1.48	...	...	...	...	...							
Total No. orders outstanding (including and prior to 1.1.48)	...	...	...	...	...			9			2	11
<i>Sec. 25 (Clearance areas):—</i>												
No. of areas defined for clearance from 1.1.48	...	...	...	...	...							
No. of houses involved	...	...	...	...	...							
No. of houses demolished	...	...	...	...	...							
No. of areas cleared ...	...	...	...	...	...							

	<i>Banbury</i>	<i>Bulling- don</i>	<i>Chipping- Norton</i>	<i>Henley</i>	<i>Ploughley</i>	<i>Witney</i>	<i>Totals</i>
<i>Temporary Housing</i>							
No. Army type huts converted and in use as satisfactory temporary housing	19	103	24	26	84	200	456
No. hutments not satisfactorily converted but habitated ...	50	44	25	34	39		192
‡ <i>Provision of New Housing up to 31st December, 1948:—</i>							
<i>by Local Authority—</i>							
No. under construction ...	16	95	78	43	100	83	415
Total No. completed ...	96	167	78	103	210	163	717
No. completed in 1948 ...	46	137	70	71	150	108	582
<i>by Private Enterprise—</i>							
No. under construction ...	11	17	16	27	8	17	96
Total No. completed ...	31	83	32	96	35	32	309
No. completed in 1948 ...	7	26	4	41	12	14	104

‡ Information supplied by Minister of Health

**THE FOLLOWING WORKS APPROVED UNDER THE ACT OF 1944 WERE IN PROGRESS DURING
THE YEAR 1948**

<i>District and Area</i>	<i>W/S</i>	<i>Dates</i> <i>Commenced</i> <i>Completed</i>		<i>Cost</i> £	<i>Estimated</i> <i>cost</i> £	<i>If incomplete approximate</i> <i>% of work undertaken to</i> <i>December 1948</i>
Witney R.D.C., Astalleigh	W	Aug. 48	—	—	1625	82%
” ” Alvescot, Aston and Cote	W	Feb. 48	Oct. 48	9682	9953	—
Ploughley R.D.C., Kidlington	S	April 48	—	—	150,000	25%
Borough of Woodstock and Part	S	March 48	—	—	53,000	26%
Chipping Norton R.D.C. Hensington Without	S					
Bullington R.D.C., Sandhills Estate	S	Dec. 47	May 48	5653	5000	—
” ” *Horspath	W	Nov. 47	—	—	11,000	50%

Notes:

* Part of the Bullington Regional Water Scheme.

W=Water Supply.

S=Sewerage.

CAUSE OF DEATH	URBAN DISTRICTS														RURAL DISTRICTS														GRAND TOTAL
	Under 1		1-5		5-15		15-45		45-65		65—		TOTAL		Under 1		1-5		5-15		15-45		45-65		65—		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Typhoid and paratyphoid fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1
Scarlet fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	1	3	4
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Resp. System ...	—	—	—	—	—	1	8	6	—	2	2	—	10	9	—	—	—	—	—	—	5	10	11	3	2	1	18	14	51
Other forms of Tuberculosis ...	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	2	—	1	—	—	—	1	3	5
Syphilitic Diseases ...	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	—	4	—	1	—	6	—	7	7
Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	2	3	3
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ac: polio-myel: & polio-enceph:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	1
Ac: inf: eenceph: ...	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	2
Cancer of b: cav: & œsoph: (M), Uterus (F) ...	—	—	—	—	—	—	—	—	2	3	—	2	2	5	—	—	—	—	—	—	—	—	10	6	4	6	14	27	27
Cancer of stomach & duodenum	—	—	—	—	—	—	—	—	4	2	5	5	9	7	—	—	—	—	—	—	1	2	8	3	17	6	26	11	53
Cancer of breast ...	—	—	—	—	—	—	—	2	—	6	—	4	—	12	—	—	—	—	—	—	1	—	4	—	8	—	13	25	25
Cancer of all other sites ...	—	—	—	—	—	—	1	3	12	8	19	19	32	30	1	—	—	—	—	—	3	1	23	21	43	34	70	56	188
Diabetes ...	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	3	1	4	1	8	10	10
Intra-cran: vasc: lesions ...	—	—	—	—	—	—	—	1	5	9	29	45	34	55	—	—	—	—	—	—	2	1	11	14	43	76	56	91	236
Heart disease ...	—	—	—	—	—	—	1	1	19	11	60	70	80	82	—	—	—	—	—	—	1	2	38	18	119	159	158	179	499
Other diseases of circ: system ...	—	—	—	—	—	—	1	—	5	3	6	8	12	11	—	—	—	—	—	—	—	—	2	1	21	12	23	13	59
Bronchitis ...	—	—	—	—	—	—	—	—	4	1	9	3	13	4	—	—	—	—	—	1	—	—	4	2	23	12	27	15	59
Pneumonia ...	—	3	—	—	—	—	—	—	—	3	3	7	3	13	5	1	1	—	—	—	2	—	6	—	9	10	23	11	50
Other Resp: diseases ...	—	—	—	—	—	—	1	1	3	1	2	1	6	3	1	—	—	—	—	—	1	—	1	—	3	1	6	1	16
Ulcer of stomach or duodenum	—	—	—	—	—	—	—	—	1	1	3	—	4	1	—	—	—	—	—	—	—	—	3	1	4	5	7	6	18
Diarrhoea under 2 years ...	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	1	1	3
Appendicitis ...	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
Other Digestive Diseases ...	—	—	—	—	—	—	1	2	1	1	1	5	3	8	—	—	—	—	—	—	1	5	2	8	10	13	13	37	37
Nephritis ...	—	—	—	—	—	—	2	—	1	—	2	6	5	6	—	—	—	—	—	—	2	2	1	4	5	6	8	12	31
Puerperal & post-abortion: sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	1
Other maternal causes ...	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	2	3
Premature birth ...	1	6	—	—	—	—	—	—	—	—	—	—	1	6	5	1	—	—	—	—	—	—	—	—	—	—	5	1	13
Con: mal: birth inj: infant: dis:	9	5	—	—	1	—	—	—	—	—	—	—	10	5	5	10	1	—	2	—	2	—	1	1	—	—	11	11	37
Suicide ...	—	—	—	—	—	—	—	1	—	3	—	—	—	4	—	—	—	—	—	—	1	3	4	2	3	1	8	6	18
Road Traffic accidents ...	—	—	—	—	1	—	—	—	1	1	1	—	3	1	—	—	1	1	—	1	5	—	4	1	1	1	11	4	19
Other violent causes ...	1	1	—	—	1	—	1	—	4	1	—	2	7	4	2	1	—	1	—	—	4	1	1	—	1	3	8	6	25
All other causes ...	—	—	1	1	—	—	1	1	4	4	6	13	12	19	2	1	—	3	3	2	10	2	4	6	32	33	51	47	129
All causes ...	11	16	1	1	3	1	19	19	68	60	148	191	250	288	22	17	5	6	5	4	41	33	131	97	344	389	548	546	1632

